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(Re	questor's Name)	<u>.</u>		
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(Cit	y/State/Zip/Phone	e #)		
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ALPHA PREMIER INVESTMENTS LLC.

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ROMAIN LY
(Contact Person)
ALPHA PREMIER INVESTMENTS LLC.
(Firm/Company)
13533 MEADOW BAY LOOP
(Address)
ORLANDO FL, 32824
(City/State and Zip Code)

For further information concerning this matter, please call:

ROMAIN LY

_{..},407 \ 325-84

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	ne limited liability company as PHA PREMIER INVES	s it appears on the records of the FI	orida Department	
	ability company was organized	d under the laws of:	SECRE JARY OF STA	
3. The Florida do L1300002	_	f this limited liability company is:	LORIBA STATE	
4. I, ROMAIN	LY	, hereby resign as a MANAGII	NG PARTNER	
	Name of Person Resigning)		(Print Title)	
of this limited leading of this limited leading of the resignation in v		ne limited liability company has be	en notified of my	
Signature of Re	signing Member, Managing N \$25.00 (Required)	Member or Manager		

Certified Copy: \$30.00 (Optional)