L14000005394

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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000260106290

08/29/14--01008--010 **85.00

resignation



9/24/14

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: PREMIER REFERRAL NETWORK, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

MICHAEL THOM
(Contact Person)

PREMIER REFERENCE NOWORK, LLC
(Firm/Company)

PO BOX 7868
(Address)

LAKELAND, FL 33807

For further information concerning this matter, please call:

MICHAEL THOM
(Name of Contact Person)

at (863) 602-1288

(Area Code & Daytime Telephone Number)

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

\$\infty\$ \$25 Filing Fee \$\infty\$ Certified Copy

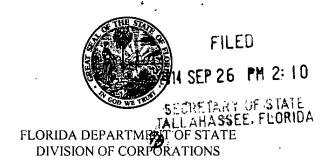
STREET/COURIER ADDRESS:

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 (2/14)



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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	REMIER REFERRAL NETWORK, LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L1400	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{9/1/2014}{10000000000000000000000000000000000$
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 411 2017
4. I, <u>UERI</u>	L. THOM , hereby withdraw/resign as a lame of Person Resigning)
Madage	(Print Title)
resignation in wr	L/hor
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)