

L140000005394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

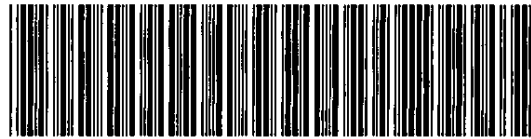
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Resignation
by RA

08/29/14--01008--011 **85.00

FILED
2014 SEP 26 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*00789, 00524, 00672

DOE
9/29/14

COVER LETTER

TO: Registration Section
Division of Corporations

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

DOCUMENT NUMBER: L14000005394

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JERI THOM

Name of Person

PREMIER REFERRAL NETWORK, LLC.

Name of Firm/Company

PO BOX 7868

Address

LAKELAND, FL 33807

City/State and Zip Code

REALESTATELAKELAND@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL R. THOM

Name of Person

at (863) 602-1288

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2014

Jeri Thom
Premier Referral Network LLC
P.O. Box 7868
Lakeland, FL 33807

SUBJECT: PREMIER REFERRAL NETWORK, LLC
Ref. Number: L14000005394

We have received your document for PREMIER REFERRAL NETWORK, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please delete the word manager on the capacity line since you are resigning as the registered agent. You are still listed on the limited liability company as the manager (as well as the registered agent). If you wish to resign as the manager you will need to fill out the enclosed resignation or dissociation of a member or manager form. There is an overpayment of filing fee on the form that William Thom sent in so I could apply it to your resignation of manager form if you wish to file that also.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 014A00019297

RECEIVED
14 SEP 26 PM 12:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

See Attached
Revised Docs

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

JERI THOM

Name of Registered Agent

Registered Agent for **PREMIER REFERRAL NETWORK, LLC**

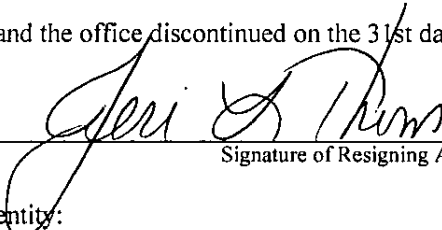
Name of Limited Liability Company

L14000005394

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

JERI THOM

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
2014 SEP 26 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA