L15000198676

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PREMIETE A	PUL LCC nited Liability Company)
The enclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Doreen Parrondo	
(Contact Person)	
Wynwood Title Corp	
(Firm/Company)	 .
1800 N BAYSHORE DR #2812	
(Address)	
Miami FL 33132	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Doreen Parrondo	305 989-5636 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

of State is: PREMIER APRIL LLC 2. The Florida document/registration number assigned to this limited liability company is:
2. The Florida document/registration number assigned to this limited liability company is:
L15000198676
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/11/2021
4. I,, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Heracid Juan Hong
Signature of Dissociating Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: