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COVER LETTER

TO: Registration Section Division of Corporations

CR2E079 (2/14)

SUBJECT: PREMIER BENOVATORS NETWORK, LLC (Name of Limited Liability Company)			
(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:			
JERI THOM (Contact Person)			
PREMIER BENOVATORS Network, LLC			
PO BOX 7868 (Address)			
LAKELAND, FL 33807 (City/State and Zip Code)			
For further information concerning this matter, please call:			
TERI THOM at (843) (002-188) (Name of Contact Person) (Area Code & Daytime Telephone Number	 r)		
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			





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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: $P_{\mathbf{f}}$	REHIER BENOVATORS NETWORK, LLC.
2. The Florida docu	iment/registration number assigned to this limited liability company is:
	00043969
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $11/20/2018$
4. I. GLEN (Print N	ARNADOE , hereby withdraw/resign as a fame of Person Resigning)
MEMBE	(Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
Sha	Manuela
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)