## 1600000785

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K. SALY SEP 27 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: First Prenier Credit 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:						
Richard Schaeffer (Contact Person)						
(Firm <sup>(</sup> Company)						
1450 Via de Pap:						
Boynton Beach, FL 33426 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Richard Schaeffer at (919) 417 2742 (Name of Contact Person) (Area Code & Daytime Telephone Number)						
Exclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\text{S25}}\$ \$\sum_{\text{S25}}\$ \$\sum_{\text{Filing Fee}}\$ \$\sum_{\text{Certified Copy}}\$						
STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section						
Division of Corporations Division of Corporations						
Clifton Building P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301						

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)

1. The name of the	limited li	iability company as	it appears on the r	ecords of the Flo	orida Department
of State is:	ir59	Premier	Credia	110	
		distration number ass			pany is:
L16000	0607	85	·		
3. The date this me	mber/ma	nager withdrew/resig	gned or will withd	lraw/resign is: _	9/19/2017
4. I. <u>Richard</u>	ame of Per	harffer son Resigning)	, hereby with	draw/resign as a	1
MG	R (Print Title	·			
of this limited lial resignation in wr	-	npany and affirm the	limited liability o	company has bed	en notified of my
hund	5	chefren			
		g Member or Resign	ning Manager	_	
Filing Fee:					
Certified Copy:	\$30.0	0 (Optional)			