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(Requestor's Name)				
(Address)				
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Premier Real Estate Servi	ces, LLC	
	(Name of L	imited Liability Con	npany)
The en	closed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to:	
Eileer	n Riggin		
	(Contact Person)		-
Premi	er Real Estate Services, LLC		
	(Firm/Company)		-
995 T	amiami Trail, Unit B		
	(Address)		-
Port C	Charlotte, FL 33953		
	(City/State and Zip Code)		_
For fur	ther information concerning this ma	itter, please call:	
Eileen	n Riggin	863	244-3091
	(Name of Contact Person)	_ \	& Daytime Telephone Number)
	ed please find a check made payable Filing Fee		epartment of State for: Fee & Certified Copy
	ET/COURIER ADDRESS:		MAILING ADDRESS:
_	ration Section on of Corporations		Registration Section Division of Corporations
	Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
Tallaha	assee, 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)

	limited liability company a	as it appears on the records of the	Florida Department
2. The Florida doc L1600010714	_	assigned to this limited liability c	ompany is:
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is	06/24/2016
4. I, Larry Seale		, hereby withdraw/resign a	a a = = = = = = = = = = = = = = = = = =
,	lame of Person Resigning)	, nercoy withdraw/resign a	sa // 5,
Authorized Person			s a Line HASS
	(Print Title)		
resignation in wi	bility company and affirm the iting.	the limited liability company has in the liability company has liability company has in the liability company has liabi	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		