L17000260673

(Requestor's Name)
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COVER LETTER

Division of Corporations	•
Premier Investments of Naples LLC SUBJECT:	
(Name of Limit	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Domenico LaGrasta	
(Contact Person)	
Premier Investments of Naples LLC	
(Firm/Company)	
276 Willoughby Dr Ext	
(Address)	
Naples, FL 34110	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
Domenico LaGrasta	239 825-6777 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\Bigsires \text{\$\Sigma}\$ \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



FILED

2022 AUG -2 AM 11: 00

FLORIDA DEPARTMENT OF STATE SECILE PARTY OF STATE TALL AHASSEE, FL. 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 as it appears on the records of the Florida Department er Invesments of Naples LLC
2. The Florida doc L17000260673	ument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. Phyllis Maffei (Print N	, hereby withdraw/resign as a lame of Person Resigning)
Managing Memb	er
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of B	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)