

2180000 83801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

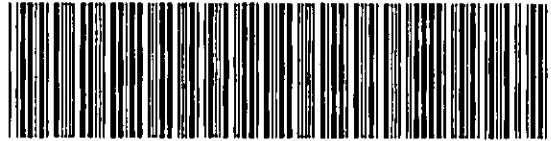
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500338253455

01/02/20--01013--029 \*+25.00

20 JAN -2 PM 2:26

103-9223  
C-100-10

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Premier Century Enterprise, LLC.  
(Name of Limited Liability Company)

RECEIVED  
DIVISION OF CORPORATIONS  
20 JAN -2 PM 2:26

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Luis f. Montalvo  
(Contact Person)

Premier Century Enterprise  
(Firm/Company)

P. O. Box 470729  
(Address)

Celestion, Fl. 34747  
(City/State and Zip Code)

For further information concerning this matter, please call:

Luis f. Montalvo at (407) 556-7401  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

20 JAN -2 PM 2:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: Premier Century Enterprise, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L-18000083801

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-27-2019

4. I. Ruben A. Beauchamp, hereby withdraw/resign as a  
(Print Name of Person Resigning)

CFO

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)