Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

PADRON AND ASSOCIATES INC

(((H200000918773)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will

generate another cover sheet.			
io:			
Division of Corporations			
Fax Number : (850)617-6383			
from:		~1	
Account Name : PADRON AND ASSOCIATES INC.	;	S	
Account Number : 120060300156		\sim	
Phone : (305)818-0404		<u> </u>	
Fax Number : (305)818-0898	 *		
		٧.	
<pre>**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.**</pre>		2020 HAK 24 1	
,		- F	
Email Address:	•	=	
		÷	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C	
		r	
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN			
PREMIER ENTERPRISE TITLE LLC			

0
0
03
\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

O SIMMONS MAR 25 2020

COVER LETTER

TO:		stration Section ion of Corporations		
SUBJ	₽ ′′ Γ∙	PREMIER ENTERPRISE TITLE	LLC	
3000	DCT.	(Name of L	imited Liability Cor	mpany)
The en	closed	I member, resignation or disso	ociation and fee(s) are submitted for filing.
Please	return	all correspondence concernir	g this matter to:	
EDUAI	RDO E.	DIEPPA III		
		(Contact Person)		
PREMI	IER EN	TERPRISE TITLE LLC		
		(Firm/Company)		_
10689 !	NORTI	I KENDALL DRIVE SUITE 314		
		(Address)		
MiAM	1 FL 33	176		
		(City/State and Zip Code)		
For fu	rther i	nformation concerning this ma	atter, please call:	;
MARI	NA GA	LUSHKO	305 at (896-5564
	(>	larne of Contact Person)	(Area Code	e & Daytime Telephone Number)
	sed ple 5 Filin	ease find a check made payabl g Fee		Department of State for: Ig Fee & Certified Copy
	Regi. Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, 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

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the of State is:	Limited liability company as i	t appears on the records of the Flo	rida Depa	ment back 211
2. The Florida docu L18000203654	ment/registration number ass	igned to this limited liability comp	oany is:	AM 10: 52
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is:	/24/2020;-:	
A L EDUARDO E. DIEPPA III		hereby withdraw/resign as a		
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a		
MEMBER/MAN/	AGER			
	Print Title)			
of this limited lial resignation in wri	-	limited liability company has bee	n notified	ofmy
Maar	do Dienita			
Signature of Di	ssociating Member or Resign	ing Manager		
	\$25.00 (Required) \$30.00 (Optional)			