a Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUST PAY CORPORATION

Account Number : 120140000092 Phone : (786)520-6788

Fax Number

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREMIUM HOMES REALTY LLC

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## 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: <a href="PREMIUM HOMES REALTY LLC">PREMIUM HOMES REALTY LLC</a>
- 2. The Florida document/registration number assigned to this limited liability company is: L19000035968.
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/16/2020
- 4. I, <u>Arlindo Machado</u>, hereby withdraw/resign as a <u>Manager</u> 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