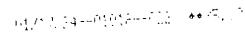
# L22000078449

(Requestor's Name)	
(Address)	_
(Address)	—
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	_





000422026480



2024 JAH 17 MATH: 33

### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Premium Phone Buyers L	LC	
Name of Limited Liability	Company	
DOCUMENT NUMBER: L22000078449		
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are s	ubmitted
Please return all correspondence concerning this matter to the	ne following:	
United States Corporation Agents, Inc.		
Name of Person	•	
Legalzoom.com, Inc.	() 	7024 JEH 17
Name of Firm/Company		
9900 Spectrum Dr.		<u> </u>
Address	•	
Austin, TX 78717	~1	11:33
City/State and Zip Code	12.	ြို
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report notification)	-	
For further information concerning this matter, please call:		
800	773-0888	
Name of Person Area Code	Daytime Telephone Number	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, the under	signed.	
United States Corporation Agents, Inc.		hereby resigns as	
	Name of Registered Agent	Hereby resigns as	
Registered Agent for	Premium Phone Buyers LLC		
	Name of Limited Liability Company		
L22000078449			
Document ?	Number, if known	202	
A copy of this resignal	tion was mailed to the above listed limited liability c	ompany at its last known address.	;
The agency is termina	ted and the office discontinued on the 31st day after	the date on which this statement is file	ed
	Signature of Resigning Agent		
If signing on behalf of	an entity:	,,,	
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Age	nts, Inc.	
	Capacity	<del></del>	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314