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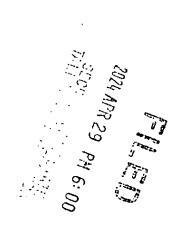
| (Requ | iestor's Name) | | |
|---|-----------------|------|--|
| (Addı | ess) | | |
| (Addı | ess) | | |
| (City/s | State/Zip/Phoni | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

Division of Corporations PREMIER TOWING AND TRANSPORT LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: VICTOR MAYORGA (Contact Person) PREMIER TOWING AND TRANSPORT LLC (Firm/Company) 1315 W WASHINGTON ST (Address) QUINCY, FL 32351 (City/State and Zip Code) For further information concerning this matter, please call: VICTOR MAYORGA 850 (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: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

TO:

Registration Section



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 | limited liability company as | s it appears on the records of the Fl | SEC APartment |
|--|--|---------------------------------------|-------------------|
| of State is: PREM | MIER TOWING AND TRANSPO | PRT LLC | |
| | | ssigned to this limited liability com | pany is: 00 |
| . MICHAEL I II | LLEK | signed or will withdraw/resign is: | |
| (Print N | ame of Person Resigning) | , hereby withdraw/resign as a | |
| AUTHORIZED N | MEMBER | | |
| | (Print Title) | | |
| of this limited lial resignation in wr | bility company and affirm th | ne limited liability company has bee | en notified of my |
| Signature of Di | Med I July ssociating Member or Resig | ning Manager | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |