

MD7000005641

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(City/State/Zip/Phone #)

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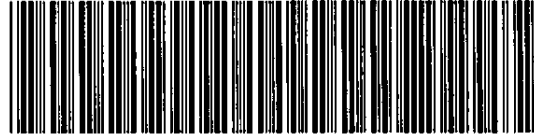
(Business Entity Name)

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AUG 29 2016

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Premier RE Fund II LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 07-03-07-4108

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Santos

Name of Person

Premier RE Fund II LLC

Name of Firm/Company

7910 Woodmont Ave., Suite 1405

Address

Bethesda, MD 20814

City/State and Zip Code

asantos@premierinvestment.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Santos

Name of Person

at ( 888 ) 597-8700 x89  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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TALLAHASSEE, FLORIDA  
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# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Corporation Service Company \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Premier RE Fund II LLC \_\_\_\_\_

\_\_\_\_\_  
Name of Limited Liability Company

07-03-07-4108 \_\_\_\_\_

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Holly Jones  
Assistant Vice President

*Holly Jones*

Signature of Resigning Agent

If signing on behalf of an entity:

Adam Santos \_\_\_\_\_

Typed or Printed Name

Managing Agent \_\_\_\_\_

Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 AUG 26 PM 11:01

## 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