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SEGRETARY OF STATES

T. CLINE

DEC 11 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PREMIER PROPERTY GRO		
(Name of Foreig	gn Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted	for filing.	
Please return all correspondence concerning this m	ratter to the following:	
riease return an correspondence concerning this in	ratter to the following.	
ANN GENET		
(Name of Person)		
AR REGISTERED AGENTS		
(Firm/Company)		
		ALI
4705 C. DUDANCO 400 A4		25/20
4705 S. DURANGO 100-A1	<u> </u>	P.S
(Address)		338
LAS VEGAS, NV 89147		II.
(City/State and Zip Code)		25
		3 1%
For further information concerning this matter, plea	ase call:	
CAROL BUEHRLE	at (702) 838 7053	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Dívision of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	rananassee, Piorida 32314	
Enclosed is a check for the following amount:		

□ \$55 Filing Fee & Certified Copy

■ \$60 Filing Fee, Certificate of Status &

Certified Copy

■ \$30 Filing Fee & Certificate of Status

☑ \$25 Filing Fee

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

(Name of limited liability company)
NEVADA
(Jurisdiction of its organization)
M12000000247
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
4705 S. DURANGO 100-A1
(Mailing address)
LAS VEGAS, NV 89147
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
change in its manning address.
ALL AHE IA
(Signature of member or authorized representative of a member)
CLIVE HERON
(Typed or printed name of signee)

Filing Fee: \$25.00