

DEC-18-2009 14:45

HAHN LOESER PARKS

239 549 6687 P.01

P04000107935

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : HAHN LOESER & PARKS  
Account Number : I20070000069  
Phone : (239)254-2900  
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REGISTERED AGENT RESIGNATION  
A PREMIER MOVERS, INC.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$96.25

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A Premier Movers, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000107935

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Monica Genovese  
(Name of Person)

Hahn Loeser & Parks, LLP  
(Name of Firm/Company)

800 Laurel Oak Drive, Suite 600  
(Address)

Naples, Florida 34108  
(City/State and Zip Code)

For further information concerning this matter, please call:

Monica Genovese at ( 239 ) 254-2915  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, HL Statutory Agent, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for A Premier Movers, Inc.

(Name of Corporation)

P04000107935

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Jeffrey M. Folkman

(Typed or Printed Name)

VICE PRESIDENT

(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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

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