

PO 6000150340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

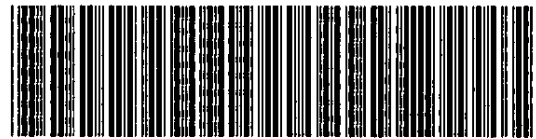
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Premium Market Corporation  
(Name of Corporation)

DOCUMENT NUMBER: P06000150340

*The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.*

Please return all correspondence concerning this matter to the following:

Luis Santiago Arango  
(Name of Person)

Premium Market  
(Name of Firm/Company)

2331 SW 32nd Avenue  
(Address)

Miami FL 33145  
(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Santiago Arango at ( 786 ) 768-3373  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**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

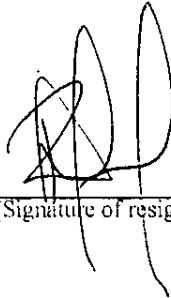
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Rodolfo Martin, hereby resign as DP  
(Title)

of Premium Market Corporation  
(Name of Corporation)

P06000150340, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



(Signature of resigning officer/director)

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**FILING FEE IS \$35.00**

PAID  
CITE  
LOS

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314