## P09000073997

(Requestor's Name)		
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	Office Use On	lv .



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resignation Do RA

2014 SEP 18 PH 5: 03

POR 9/24/14

## **COVER LETTER**

Division of Corporations
SUBJECT: One Premier International Realty Inc. (Name of Corporation)
DOCUMENT NUMBER: P 09 0000 73997
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:
Jacqueline A. Salcines (Name of Person)
Jacqueline A. Salcines, P.A.  (Name of Firm/Company)
706 S. DIKIE Hwy 2nd FC (Address)
Coral Gables FL 33146 (City/State and Zip Code)
For further information concerning this matter, please call:
Jacque line Sal unos at (305) 669.5280 (Name of Person) at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

## RESIGNATION OF REGISTERED AGENT SEP 18 PM 5: 03

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.15 (2) cor 617.1509,

Florida Statutes, the undersigned, Jacqueline Galando (Name of Registered Agent)

hereby resigns as Registered Agent for Die Premier International Routly Me. (Name of Corporation)

P09.00073997

(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:

Jacqueline, a. Salares Esq. (Typed or Printed Name)

Owner attorney (Capadity)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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