## P900089573

(Re	equestor's Name)	
(Ad	ddress)	•
(Ad	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Вс	usiness Entity Na	me)
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Olfa Company

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Premium Acquisitions, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: P99000089573	_
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fil	ling
Please return all correspondence concerning this matter to the following:	
Danette Tagliagambe	
(Name of Person)	
Premium Acquisitions, Inc.	
(Name of Firm/Company)	
625 N. Flagler Drive, Suite 600	
(Address)	
West Palm Beach, FL 33401	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Danette Tagliagambe at ( 561 ) 352-2280 (Area Code & Daytime Telephone Number	
(Name of Person) (Area Code & Daytime Telephone Number	आ)
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

<sub>I,</sub> Carolyn S. Sesco	, hereby resign as EVP, Treasurer & Secretary	
,	,	(Title)
of Premium Acquisitions, Inc.		
	e of Corporation)	,
P99000089573 (Document Number, if known)	, a corporation organized un	der the laws of the State of
Florida	·	
Caroly	Signature of resigning officer/direc	SECUL ANAS
·		ARY by FLORI

FILING FEE IS \$35.00

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

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