

548843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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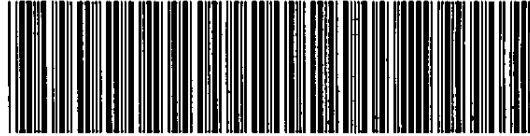
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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C. CARROTHERS

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PREMIERE RESTORATION ORLANDO, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** 548843

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

Please return all correspondence concerning this matter to the following:

MICHAEL A. MORGAN  
(Name of Person)

PREMIERE RESTORATION ORLANDO, INC.  
(Name of Firm/Company)

5107 ANDRUS AV.  
(Address)

ORLANDO, FL 32804  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID LONGA at ( 407 ) 470-2776  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MICHAEL A MORGAN, hereby resign as PRESIDENT  
(Title)

of PREMIERE RESTORATION ORLANDO, INC.  
(Name of Corporation)

548843, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

Michael A Morgan  
(Signature of resigning officer/director)

**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

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TALLAHASSEE, FLORIDA

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