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SECRETARY OF STATE
ALL MIASSEF FLORID

C. LEWIS

JUL 1 2 2012

EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: Five Star Construction (Name of Limited Lia	bility Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
Michael Lewellen 5. (Contact Person)	
Fire Star Construction Service (Firm/Company)	->
1809 E. Brosducy St. #	122_
Oviedo FL 32765 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Michael Leveller J. at () (Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	•

CR2E079 (5/06)



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## FLORIDA DEPARTMENT OF STATE JALL AHASSEE, FLORIDA

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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	ent/registration number		mited liability c	ompany	is:	
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resignation in writin	ity company and affirm		ed hability comp	pany nas	s been noune	a or my
Signature of Resign	ing Member, Managin	g Member	or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					