

M12000001337

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION STARBUS LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$85.00

2019 MAR 25 3:02

3 PRAISE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Starbus LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M12000001337

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erika A. Easter
Name of Person

Ungerlaw PC
Name of Firm/Company

11726 San Vicente Blvd., Suite 480
Address

Los Angeles, CA 90049
City/State and Zip Code

eteam@eminutes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika A. Easter at (310) 820-1000
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
eResidentAgent, Inc.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for Starbus LLC

Name of Limited Liability Company

M12000001337

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

Jeffrey Unger

Typed or Printed Name

President of eResidentAgent, Inc.

Capacity

FILED
2019 MAR 25 AM 9:47
TALLAHASSEE, FL

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314