

A060000000316

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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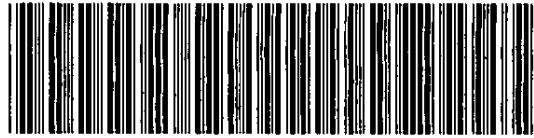
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 4500 Silver Star, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A06000000316

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

I. Barry Blaxberg, Esq.

(Contact Person)

Blaxberg, Grayson, Kukoff & Strauss, P.A.

(Firm/Company)

25 SE 2nd Avenue, Suite 730

(Address)

Miami, Florida 33131

(City, State and Zip Code)

For further information concerning this matter, please call:

I. Barry Blaxberg

(Name of Contact Person)

at ( 305 ) 381-7979

(Area Code and Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

INHS16 (01/06)

**RESIGNATION OF REGISTERED AGENT  
FOR  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

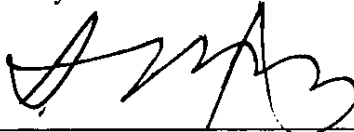
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

I. Barry Blaxberg, Esq., hereby resigns as  
(Name of Registered Agent)

Registered Agent for 4500 Silver Star, Ltd.  
(Name of Limited Partnership or Limited Liability Limited Partnership)

A06000000316  
(Florida Document Number, if known)

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.



\_\_\_\_\_  
Signature of Registered Agent

If signing on behalf of an entity:

I. BARRY BLAXBERG

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

FILED  
08 AUG 19 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$87.50  
Certified Copy (optional): \$52.50