F110000003893

(Requ	uestor's Name))
(Address)		
(Addr	ress)	
(City/	State/Zip/Phor	ne #)
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: CLIFFSTAR CORPORATION			
(Name of Corporation)			
DOCUMENT NUMBER: F11000003893			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
LARA COMPTON			
(Name of Person)			
STAR CONSULTING			
(Firm/Company)			
400 5TH AVENUE SOUTH, SUITE 201			
(Address) NAPLES, FL 34102			
(City/State and Zip code)			
For further information concerning this matter, please call:			
LARA COMPTON at (716) 680-0113			
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the amount:			
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is Enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)			
MAILING ADDRESS: Amendment Section Division of Corporations STREET ADDRESS: Amendment Section Division of Corporations			
P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL.32314 Tallahassee, FL. 32301			

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

CLIFFSTAR CORPORATION	
(Name of Corporation) F11000003893	PER T
(Document Number of Corporation (if	Program
DELAWARE	SSECTION S
(Incorporated Under Laws of	32 5
	9.00
This corporation is no longer transacting business or conducting affivoluntarily surrenders its authority to transact business or conduct af	
This corporation revokes the authority of its registered agent in F appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in F	based on a cause of action arising during
The following is a current mailing address for the corporation:	
400 5TH AVENUE SOUTH, SU	IITE 201
(Mailing Address)	
NAPLES, FL 34102	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future	e of any change in its mailing address.
We I Ma	1/6/15
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
STANLEY A STAR	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)