F 98000005680

| (Requestor's Name) |
|---|
| · (Address) |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusiness Entity Name) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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ECRETARY OF STATE RECEIVED

RA Resp.

G. Coullierte FEB 0 6 2008

| CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173 | ENUE | rmerly CCRS) | • | | |
|---|----------------|-----------------------------|-----------------------------|--|--|
| FILING COVER : ACCT. #FCA-14 | SHEET | | · | | |
| CONTACT: | RICKY SO | <u>ro</u> | | | |
| DATE: | 02/06/2008 | | | | |
| REF. #: | 001117.81424 | | | | |
| CORP. NAME: | SOUTHER | N STAR FINANCIAL CORP. | | | |
| () ARTICLES OF INCO | PRPORATION | () ARTICLES OF AMENDMENT | () ARTICLES OF DISSOLUTION | | |
| () ANNUAL REPORT | | () TRADEMARK/SERVICE MARK | () FICTITIOUS NAME | | |
| () FOREIGN QUALIFIC | CATION | () LIMITED PARTNERSHIP | () LIMITED LIABILITY | | |
| () REINSTATEMENT | | () MERGER | () WITHDRAWAL | | |
| () CERTIFICATE OF C | ANCELLATION | | | | |
| (XX) OTHER: RES | IGNATION (| OF REGISTERED AGENT | | | |
| STATE FEES PR | REPAID W | тн снеск# 524(3) | FOR \$ <u>87.50</u> | | |
| AUTHORIZATI | ON FOR A | CCOUNT IF TO BE DEBITE | D: | | |
| | COST LIMIT: \$ | | | | |
| PLEASE RETUR | RN: | | | | |
| () CERTIFIED COPY | · ()c | ERTIFICATE OF GOOD STANDING | (XX) PLAIN STAMPED COPY | | |
| () CERTIFICATE OF | STATUS | | | | |

Examiner's Initials

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 60 | 07.0502(2), 617.0502(2), 607.1509, or 617.1509, | | |
|--|---|------------------------------|---------------|
| Florida Statutes, the undersigned, Co | rporate Service Bureau Inc. | | |
| | (Name of Registered Agent) | _ | |
| hereby resigns as Registered Agent for | Southern Star Financial Corp. | _ | |
| | (Name of Corporation) | | |
| F98000005680 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was mailed to | the above listed corporation at its last known addres | s. | |
| The agency is terminated and the office this statement is filed. | discontinued on the 31st day after the date on which | | |
| () | maure of Resigning Agent) | 08 FEB -6 SECRETAR TALLAHASS | APPRO FILI |
| If signing on behalf of an entity: | | PH | El Car |
| Ricky Soto | | 3: 16 5 TATI | |
| C | Typed or Printed Name) | Dm U. | |

Fee for filing this document:

Assistant Secretary

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation

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

(Capacity)