

LO300035671

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

From: Account Name : CALANDRINO LAW FIRM
Account Number : I20090000062
Phone : (407)601-4905
Fax Number : (407)601-4910

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TALLAHASSEE, FLORIDA

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

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**LLC REGISTERED AGENT RESIGNATION
STAR VENTURES, LLC**

Certificate of Status	0
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Page Count	03
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D. BRUCE

SEP 20 2011

EXAMINER

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Star Ventures, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L03000035671

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:

Amy M. Guy, Paralegal
Name of Person

Calandrino Law Firm, P.A.
Name of Firm/Company

301 E. Pine Street, Suite 950
Address

Orlando, Florida 32801
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy M. Guy at (407) 601-4905 x 107
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

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TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Calandrino Law Firm, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for

Star Ventures, LLC

Name of Limited Liability Company

L03000035671

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:

Philip K. Calandrino

Typed or Printed Name

President/Director

Capacity

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

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TALLAHASSEE, FLORIDA