L05000003768

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

T. CLINE

MAR 2 3 2010

EXAMINER

COVER LETTER

SUBJECT: WhiteStar (Calital, LLC				
Name of Limited	l Liability Company				
DOCUMENT NUMBER: LO	BER: <u>L05000003768</u>				
The enclosed Resignation of Registered Agent for a for filing.	a Limited Liability Company and fee are submitted				
Please return all correspondence concerning this ma	atter to the following:				
James Bishop					
Name of Person					
Name of Firm/Company					
Name of Pinis Company					
PO Box 810845	75 20				
Address					
Boca Raton, FL 33481	2010 MAR 15 A SECRETARY OF FALLAHASSEE.				
City/State and Zip Code	ر غوامات مي النا				
jbishop@whitestarllc.com	in the second of				
ibishop@whitestarllc.com E-mail address: (to be used for future annual report noti	fication)				
For further information concerning this matter, plea	ase call:				
James Bishop at (561) 703-4268				
Name of Person A	rea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section Division of Corporations

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions o	f section 608.416(2) or 608.50	9, Florida Statutes, the unders	igned,	
Ja	ames E. Bishop	, hereby resign	is as	
Na	me of Registered Agent			
Registered Agent for	orWhiteStar Capital, LLC			
	Name of Limited Liability C	Company	,	
L0500000	3768			
Document Number	r, if known			
	as mailed to the above listed li		hich Kstatement is filed.	
	Janus F. Bignature of F	Resigning Agent	MAR 15 A	
If signing on behalf of an er	tity:		AM 60 35 OF STATE E. FLORIDA	
	Typed or Printed	Name	Ser G	
_	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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