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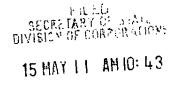
TO:

CR2E079 (2/14)

Registration Section.

Division of Corporations OCEAN STAR LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Alvaro Castillo (Contact Person) Castillo & Associates (Firm/Company) 1390 Brickell Avenue Suite 200 (Address) Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: Alvaro Castillo (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

I. The name of the of State is:	limited liability company as it appears on the records of the Florida Department AN STAR LLC
2. The Florida docu L05000077338	ment/registration number assigned to this limited liability company is:
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Billy E Young	, hereby withdraw/resign as a man of Person Resigning)
Managing Me	mber
(Print Title)
resignation in wri	sility company and affirm the limited liability company has been notified of my ting.
	V
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)