## L05000099741

(Requestor's Name)				
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	ty/State/Zip/Phor	no #0		
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PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Na	me)		
(Document Number)				
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Certified Copies	_ Certificate	es of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Allstar Developm	nent Group, LLC	;	
	(Name of Limite	d Liability (	Company)
DOCUMENT NUMBER: LOS	5000099741		
The enclosed Resignation of Reafor filing.	gistered Agent for	a Limited	Liability Company and fee are submitted
Please return all correspondence	concerning this n	natter to the	e following:
Catherine Hester			
(Name of I	Person)		
Harrison, Rivard & Bennett			
(Name of Firm	/Company)		
101 Harrison Avenue			
(Addre	ss)	M	
Panama City, Florida 32401			
(City/State and	l Zip Code)		
For further information concerni	ng this matter, ple	ease call:	
Catherine Hester	at (		769-7714
(Name of Person)		(Area Code	& Daytime Telephone Number)
Enclosed is a check made payab liability company or \$25.00 for a liability company.	le to the Florida D an administrativel	epartment y dissolved	of State for \$85.00 for an active limited, voluntarily dissolved or withdrawn limited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Addr Amendment Division of C 409 E. Gaine Tallahassee,	Section Corporation es Street	s

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisi	ons of section 608.410	5(2) or 608.509, Florida	Statutes, the undersigned,
Harrison, Rivard,	Zimmerman & Be	nnett	, hereby resigns as
	(Name of Registered Ag	gent)	
Registered Agent for _	Allstar Developm	ent Group, LLC	
	(Name of L	imited Liability Company)	,,
L05000099741			
(Document Nu	mber, if known)		
A copy of this resignat	ion was mailed to the	above listed limited liab	ility company at its last known address.
The agency is terminat	ed and the office disc	ontinued on the 31st day	after the date on which this statement is filed.
If signing on behalf of	an entity:	V	/
	William G. Har	rison, Jr.	
		(Typed or Printed Name)	
	President		
		(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