## 1050000017

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## COVER LETTER

TO: **Registration Section** Division of Corporations

STARVIEW INVESTMENTS LLC. Name of Limited Liability Company SUBJECT:

Dear Sir or Madam:

:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREW LEVY

STARVIEW INVESTMENTS LLC. Firm/Company

15831 SW SIST MANOR Address

SOUTHWEST BANCHES, F. 33331 City/State and Zin Code

ANDREW. LEVY 007 @ GMAIL. (OM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW LEVY at (<u>954</u>) <u>349-6401</u> Name of Person Davtime Telephone Number

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E145 (2/14)

## . AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is:	STARVIEW	INVESTMENTS	LLC.
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SECOND: The Florida Document number of the limited liability company is: _	L05000100077
THIRD: The street address of the limited liability company's principal office is	
8320 W. SUNRIJE BLUD	SUITE 207
8320 W. SUNRIJE BLUD PLANTATION, FL 33322	
The mailing address of the limited liability company's principal offic	e is:
8320 W. SUNRISE BLUD.	SULTE 207
PLANTATION, FL 37322	
FOURTH: The date the statement of authority became effective is:	16 2016
FIFTH: The statement of authority is cancelled.	
<b>OR</b> The amendment to the statement of authority is	62 L'8 L
	64 18 184
	ANDREW LEVY
Signature of anthorized representative Typed	or printed name of signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E145 (2/14)

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