~L06000061203

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Ameristar Housing LLC	
(Name of Limited Liability	Company)
DOCUMENT NUMBER: L06000061203	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Eric McCann	
(Name of Person)	
(Name of Firm/Company)	
(Name of Finis company)	
3208 E. Colonial Dr. #255	
(Address)	
Orlando, FL 32803	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Eric McCann at (407	₎ 668-7378
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416	5(2) or 608.509, Flor	rida Statutes, the unde	rsigned,	
Eric McCann			, hereby resigns as		
·	(Name of Registered Ag	gent)	,,,	P	
Registered Agent for _	Ameristar Ho	ousing LLC			
	(Name of Li	imited Liability Compar	ny)		
L06000061203					
(Document Num	ber, if known)				
A copy of this resignat	ion was mailed to the	above listed limited	liability company at i	ts last known address.	
The agency is terminat	ed and the office disco	ontinued on the 31st (Signature of Resignin	·	which this statement is filed.	
If signing on behalf of	an entity:				
		(Typed or Printed Name))	O7 OF TALLAH	
		(Capacity)		FILED DEC 12 M RETARY OF S AHASSEE, FL	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited li Administratively withdrawn limit	ability company dissolved/voluntari ded liability company	87 .	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314