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SECRETARY OF STATE

COVER LETTER

_	stration Section sion of Corporations	
SUBJECT:		
	(Name of Limited	l Liability Company)
The enclosed filing.	d member, managing member or m	anager resignation and fee(s) are submitted for
Please return	n all correspondence concerning thi	s matter to:
ALTINA	C. DERR	
	(Contact Person)	
SILVER	STAR COMPANY LLC	
	(Firm/Company)	
4834 S. 0	CLASSICAL BLVD	
	(Address)	
DELRAY	BEACH, FL 33445	
	(City/State and Zip Code)	
For further in	nformation concerning this matter,	please call:
ALTINA (C. DERR	₁ (561 ₎ 271-1237
(N	fame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed ple	ease find a check made payable to the	he Florida Department of State for:
	✓ \$25 Filing Fee	\$55 Filing Fee &
	_	Certified Copy
	OURIER ADDRESS:	MAILING ADDRESS:
Registration		Registration Section
Division of (•	Division of Corporations
Clifton Build	_	P.O. Box 6327
	ive Center Circle	Tallahassee, Florida 32314
Tallahassee,	Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as VER STAR COMPA	• •	s of the Florida Department
	oility company was organized E OF FLORIDA	d under the laws of:	
3. The Florida doc L0600007	ument/registration number of	f this limited liability cor	mpany is:
4. I, ISMAEL J		, hereby resign as a	MGRM (Print Title)
of this limited lia resignation in w	Name of Person Resigning) bility company and affirm the riting. igning Member, Managing Member,		,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2001 APR SECRET

CR2E079 (5/06)