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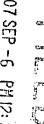
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09/06/07--01025--018 **25.06

SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Four Star HR, (Name of Limited L	LLC .iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Stephen P. Barnier (Contact Person)	·
(Firm/Company)	07 SECN TALLA
10502 Spring Hill Drive	SEP -6 P
Spring Hill FL 34608 (City/State and Zip Code)	T SEP -6 PM 12: 21, ECNETARY SESTATE LLAHASSEE, FLORIDA
For further information concerning this matter, pl	
Stephen P. Barnier at (Name of Contact Person)	352 688-4990 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability company as it appears on the records of the Flo	rida Dep	artme	nt
of State is:	Four Star HR, LLC	TAL St	07	
2. This limited liab	ility company was organized under the laws of:	CRETARY OF ST LAHASSEE, FLO	SEP -6 PH 12: 24	
	ument/registration number of this limited liability company is:	: STATE FLORIDA	24	6-0
4.1, <u>Steve</u>	Bacciec, hereby resign as a Maclame of Person Resigning) (Pri	ica g Q int Title)	_	-
of this limited lia resignation in wr	bility company and affirm the limited liability company has been iting.	n notifie	d of m	iy
Signature of Res	igning Member, Managing Member or Manager			
Filing Fee:	\$25.00 (Required)			
Certified Conv.	\$30.00 (Optional)			