1000030763

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(Re	equestor's Name)	
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TIVE STAR T (Name of Limited L	RRIGATION SERVICES LL iability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
RAFAEL GOMEZ (Contact Person)	
(Firm/Company)	
660 GRYSTAZ ZN (Address)	
Orfando, FC 3282 (City/State and Zip Code)	F
For further information concerning this matter, p	lease call:
RAFAEL GUMEZ at ((Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
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

CR2E079 (5/06)



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 Florida Department of State is: FIVE STAR JRRIGATION SERVICES LLC
2. This limited liability company was organized under the laws of: ANY AND ALL LAWFUL BUSINESS
3. The Florida document/registration number of this limited liability company is: \(\begin{align*} \to 7000030763 \\ \to \to \to \to \to \to \to \to \to
4. I, SANTIAGO PEREZ, hereby resign as a MGRR (Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning Member, Managing Member or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)

CR2E079 (5/06)

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