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(Requestor's Name)				
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S. HAWKES

AUG _ 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: StarMar Events (Name of Limite	ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted fo
Please return all correspondence concerning th	nis matter to:
Maria Q. Colina (Contact Person)	
Star Mar Events	
(Firm/Company) 8262 NW 192 Terrace (Address)	·····
Miami Lakes, FC 33015 (City/State and Zip Code)	
For further information concerning this matter	, please call:
Maria Q. Colina (Name of Contact Person)	at (<u>305</u>) <u>778-2253</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\figstime \text{\$\figstructure{2}}\$	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	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

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1. The name of the lin	mited liability company as it appea	ars on the records of the Flor	ida Department
of State is: 5+	ar Mar Events		55% 3 M
·	ty company was organized under t	he laws of:	F. S. L.S.
3. The Florida docum	nent/registration number of this lim	nited liability company is:	
4. 1, Marlene (Print Nam	QUINCOS, he of Person Resigning)	ereby resign as a Manage (Pri)	er/Dwner
of this limited liabil resignation in writing	lity company and affirm the limited ng.	d liability company has been	notified of my
Munioces	ر و		
Signature of Resign	ning Member, Managing Member of	or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		