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B. BOSTICK
MAR 1 8 2011
EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: BRIGHT STAR TWSU (Name of Limited Liab	CANCE GROUP, LLC
The enclosed member, managing member or managing filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	tter to:
LESUIE SACKS (Contact Person)	
BRIGHTSTAR INSURA (Firm/Company)	NCE
1400 GANDY BLUD 810 (Address)	SEURE DE ALLAHAS
ST PETERSBUR6 FL 3 (City/State and Zip Code)	LLAHASSEE, FLORID
For further information concerning this matter, pleas	se call: $\overline{DA}$
(Name of Contact Person) at (7	27 ) 320-2043 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl \$25 Filing Fee	orida 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 compa	ny as it appears on	the records	of the Florida De	partm	ent
of State is:	RIGHTSTAR	INSURANC	E GROW	OP, LLC		_•
2. This limited liab	lity company was orga <u></u> A	nized under the la	ws of:			
L090	ment/registration numl	<u> </u>	-	-		
4. I, LESLII (Print No.	EC. SACKS ame of Person Resigning)	, hereby	resign as a _	MGRM (Print Title)		
of this limited liab resignation in wri	oility company and affi ting.	rm the limited liab	ility compan	y has been notific	ed of r	ny
Lu	lie C. Sac	k		SEUR TALLA	== == ==	
Signature of Resi	gning Member, Manag	ing Member or Ma	anager	HASSE	11 MAR 16	ESTORES
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			OF STATE	AH II: 2:	J