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SEUREN SEFE FI ORID

B. BOSTICK

'AUG 2 3 2011

EXAMINER

COVER LETTER

Section 12		
SUBJECT:	Stellar Advocate, LLC	·
* .	Name of Limited Liability Company	···
DOCUMENT NUMBER:	L10000062457	
The enclosed Resignation of for filing.	of Registered Agent for a Limited Liability Co	ompany and fee are submitted
Please return all correspond	dence concerning this matter to the following	:
	emy Holt e of Person	
	Storey, P.A. Firm/Company	
212 Pasade	ena Place, Ste. A	TALL)
	Florida 32803	IT AUG 22
iholt@tsl	awgroup.com for future annual report notification)	PH 3: 37 STATE E. FLORIDA
For further information con	cerning this matter, please call:	>
Jeremy Ho Name of Per		38-1222 Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2	2) or 608.509, Florida St	atutes, the undersigned,	ı			
TI	norne & Storey, P	.A	hereby resions as				
	Name of Registered Agent	Name of Registered Agent		_ , hereby resigns as			
Registered Agent for		Stellar Advocate, LLC				_	
	Name of Limit	ted Liability Company				<u>۔</u>	
L10000	062457						
Document Nun	nber, if known						
A copy of this resignation	was mailed to the ab	ove listed limited liabili	ty company at its last kr	nown ac	ddress.		
The agency is terminated If signing on behalf of an	entity:	Signature of Resigning Ager		is state	ment is	s filed.	
		ard A. Storey, III	· 				
-		President Capacity		SEUNE I. H	11 AUG 22	Transa Transa	
	FILING F \$ 85.00 \$ 25.00	EES: Active limited liability Administratively dissol withdrawn limited liab	company lved/ voluntarily dissol ility company	***		Same of Same o	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314