

L10 000 120421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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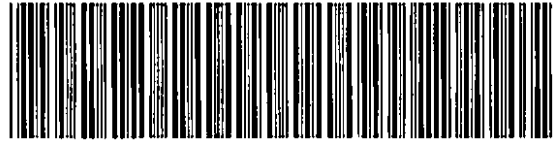
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
18 JAN -2 PM 2:15

K. SALY
JAN - 3 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STELLAR BUSINESS SOLUTIONS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L10000120421

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN COENEN

Name of Person

STELLAR BUSINESS SOLUTIONS

Name of Firm/Company

220 SW 16TH CT

Address

FORT LAUDERDALE, FL 33315

City/State and Zip Code

MSCOENEN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN COENEN

at (954) 663-0159

Name of Person

Area Code

Daytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CHRISTINE AXEL

hereby resigns as

Name of Registered Agent

Registered Agent for STELLAR BUSINESS SOLUTIONS, LLC

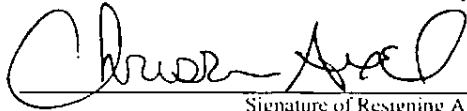
Name of Limited Liability Company

L10000120421

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

SECTION OF
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