111000072006

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | <u> </u> |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | · . |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | |

Office Use Only



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J. SAULSBERRY EXAMINER AUG 28 2013

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Star Capital Florida Holding, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RON OHANA

(Contact Person)

Star Capital Florida Holding, LLC

(Firm/Company)

18851 NE 29 Ave #768

(Address)

Aventura, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

RON OHANA

.305

647-6473

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

2 \$25 Filing Fcc

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, 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

| | limited liability company as AR CAPITAL FLORIDA | it appears on the records of the FI A HOLDING, LLC | orida Department | |
|--|---|---|-------------------|--|
| This limited liability company was organized FLORIDA | | l under the laws of: | 2013 AUG 23 | |
| 3. The Florida door L11000072 | - | f this limited liability company is: | 14 mm | |
| 4. I, ASSAF LIF | RAN | , hereby resign as a MGRM | | |
| (Print Name of Person Resigning) | | <u> </u> | (Print Title) | |
| of this limited lia resignation in wr | | e limited liability company has be | en notified of my | |
| Signature of Res | gning Member, Managing N | fember or Manager | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | |