

L110000076078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

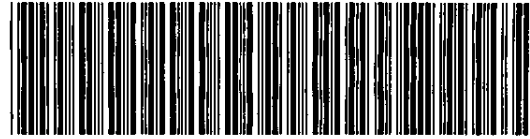
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Ra Resignation

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAR CAFE MARKET, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000076078

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:

KENNETH A. LYON

Name of Person

STAR CAFE MARKET, LLC

Name of Firm/Company

1600-A ALTON ROAD

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

ken.lyon@me.com

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

For further information concerning this matter, please call:

Kenneth A. Lyon

Name of Person

at (305) 534-0600
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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TALLAHASSEE, FL
SERIALIZED
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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

BURT E. CONNELLY _____, hereby resigns as

Name of Registered Agent

Registered Agent for **STAR CAFE MARKET, LLC** _____

Name of Limited Liability Company

L11000076078 _____

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:

BURT E. CONNELLY _____

Typed or Printed Name

MGRM _____

Capacity

FILING FEES:

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| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |

FILED
14 NOV -3 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FL

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