

L11000109508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Regin

Office Use Only



400239869264

10/02/12--01005--023 **50.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT -2 AM 9:10

FILED

J. SAULSBERRY
EXAMINER

OCT 4 2012

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Service Star LLC

Name of Limited Liability Company

L11000109508

DOCUMENT NUMBER: _____

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:

Salvatore Tavalacci

Name of Person

Service Star Inc.

Name of Firm/Company

5710 Zip DR unit#2

Address

Fort Myers/ florida 33905

City/State and Zip Code

Sal@servicestarflorida.com

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

For further information concerning this matter, please call:

Salvatore Tavalacci

Name of Person

at (941)

302-8805

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT -2 AM 9:10

FILED

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Salvatore Tavalacci

, hereby resigns as

Name of Registered Agent

Registered Agent for

Service Star LLC

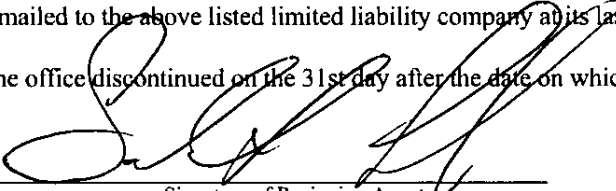
Name of Limited Liability Company

L11000109508

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

INHS17 (08/05)

FILED
2012 OCT -2 AM 9:10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE