

(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:

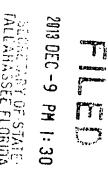
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12/02/13--01021--002 **25.09

FILING CANCELLED RETURNED CHECK



DEC 1 0 2013

J. 1713E

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: STAR MOTORS C			w		
(Name of Limited	l Liability Cor	npany)			
The enclosed member, managing member or mafiling.	anager resig	mation and fee(s) are submitted	i for		
Please return all correspondence concerning this	s matter to:				
JANE E. CAREY, ESQ					
(Contact Person)		-			
JANE E. CAREY, ESQ					
(Енти Соптрану)		-			
905 W COLONIAL DR					
(Address)		_			
ORLANDO, FL 32804					
(City/State and Zip Code)		_			
For further information concerning this matter,	please call:				
JANE E. CAREY	407	,425 2508	Ž.	20	
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		2013 D	
Enclosed please find a check made payable to the \$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy	HASSEE FI	DEC -9 PM	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	EORI STA	1: 30	E STAN
Registration Section		Registration Section	- <u>5</u> -	30	
Division of Corporations		Division of Corporations	_		
Clifton Building		P.O. Box 6327			
2661 Executive Center Circle		Tallahassee, Florida 32314			

CR2E079 (5/06)

Tallahassee, Florida 32301



FILING CANCELLED RETURNED CHECK

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 MOTORS CFL, LL	it appears on the records of the Florida Departme	nt 	
2. This limited liabi	lity company was organized	l under the laws of:		
3. The Florida docu L110001299	•	f this limited liability company is:		
4. I, ANDRE GR	OBLER	, hereby resign as a MGRM	_	
(Print No	ime of Person Resigning)	(Print Title)	-	
resignation in wri	- ·	e limited liability company has been notified of manager ARY OF STAIL Gember or Manager	3 DEC -9	The state of the s
Filing Fee:	\$25.00 (Required)		0	
Certified Copy:	\$30.00 (Optional)			