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SECRETARY OF STATE
ALL AHASSEE FLORIN

AUG 2 7 2018 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALL STAR INTERNATIONAL	
(Name of Limite	ed Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
GEORGINA VIERA	ALLANG
(Contact Person)	G 22
ALL STAR INTERNATIONAL INVESTME	i i i
(Firm/Company)	COKID!
15476 NW 77 COURT #216	DE 36
(Address)	
MIAMI LAKES FL 33016	
(City/State and Zip Code)	
For further information concerning this matter.	, please call:
GEORGINA VIERA	305 497-2115
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as STAR INTERNATIONAL	it appears on the records of the Flori	ida Department
2. The Florida doc	ument/registration number as	ssigned to this limited liability compa	nny is:
L1400011044	1		
MADOOOD		igned or will withdraw/resign is:	18/2018
4. I,	Jame of Person Resigning	, hereby withdraw/resign as a	
MANAGER	ame of terson resigning)		
	(Print Title)		
of this limited lia resignation in wr		e limited liability company has been	notified of my
Maucos	25iha		
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		18 A SECRE FALLAR