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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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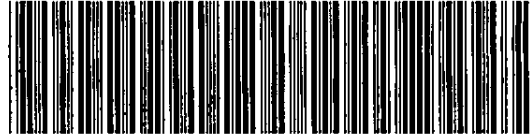
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STAR GROUP LOGISTIC LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000139395

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:

Ramon Ramos Valerio  
Name of Person

Star Group Logistic LLC  
Name of Firm/Company

7100 NW 60th  
Address

Miami, FL 33166  
City/State and Zip Code

ramosramon1950@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramon Ramos at (786) 6207388  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: STAR GROUP LOGISTIC LLC

2. The Florida document/registration number assigned to this limited liability company is:

114000139395

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I, RAMON RAMOS VALERIO, hereby withdraw/resign as a  
(Print Name of Person Resigning)

\*Manager  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\* [Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: → \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE