L16000013319

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COVER LETTER

TO:	Registration Section Division of Corporations				
SHR	JECT: STARLINE DEVELOPER	R, LLC			
300.	Nam	ne of Limited I	Liability Co	mpany	
DOC	UMENT NUMBER: L16000013	3319 		 	
The e	enclosed Resignation of Registered ling.	Agent for a	Limited Li	ability Company ar	nd fee are submitted
Pleas	e return all correspondence concer	ning this mat	ter to the f	following:	
ANT	OINETTE GRANADOS				
	Name of Person				
PAR	ACORP INCORPORATED				
	Name of Firm/Compar	ij			
2804	GATEWAY OAKS DR #100				
	Address				
SAC	RAMENTO, CA 95833				
	City/State and Zip Cod	e			
<u>E</u>	E-mail address: (to be used for future annu	ial report notific	cation)		
For fu	urther information concerning this	matter, please	e call:		
ANT	OINETTE GRANADOS	at (50 50	33-7272 aytime Telephone N	
	Name of Person	Are	a Code D	aytime Telephone N	umber
liabili	osed is a check made payable to the ity company or \$25.00 for an admity company.	Florida Dep nistratively d	artment of issolved, v	State for \$85.00 for oluntarily dissolve	er an active limited d or withdrawn limited
	LING ADDRESS:			ADDRESS:	
_	Registration Section Registration				
	•			f Corporations	
	hassee, Fl. 32314		Clifton Bu 2661 Exec	namg utive Center Circle	
ianal	145500, 1 1, J2J1T			e, FL 32301	

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0	115, Florida Statutes, the un	ndersigned.
PARACORP INCO	RPORATED		. hereby resigns as
	Name of Registered A	egent	
Registered Agent for S	TARLINE DEVE	ELOPER, LLC	
	Name of t	Limited Liability Company	
L16000013319			
Document No	umber, if known		
A copy of this resignation	on was mailed to th	e above listed limited liabili	ity company at its last known address.
The agency is terminate	d and the office dis	continued on the 31st day a	ifter the date on which this statement is filed.
		Signature of Resigning Agen	nt
If signing on behalf of a	in entity:		
	JODY MOUA		. 12
		Typed or Printed Name	
	Asst. Secretar	y for Paracorp Incorpor	rated EEE E
		Capacity	rated FILE
	FILIN \$ 85.00 \$ 25.00	G FEES: Active limited liability Administratively disso withdrawn limited liab	company slved/ voluntarily dissolved/ bility company

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