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(Re	questor's Name)					
(Ad	dress)					
· (Ad	dress)					
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Na	me)				
(Do	cument Number)				
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
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COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT:	
(Name of Limited Liability Con	mpany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Ali Ersen	
(Contact Person)	
Star Mart LLC	
(Firm/Company)	_
2549 Maitland Crossing Way, Apt 11-20 6	
(Address)	_
Orlando, FL 32810	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Sendur Keskin 407	488-8081
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee \$55 Filing	Department of State for: CK# 0 99.
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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SECRETARY OF STATE
ORIDA

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

(Pursuant to 605.0216, Florida Statutes)

. The Florida docume	ent/registration n	umber assigr	ed to this	limited !	liability co	mpany	is:
. The date this memb	er/manager with	drew/resigne	d or will v	withdraw	//resign is:	12-19	9-2016
, Mehmet Isik			hereby	withdray	v/resign a		
(Print Name	of Person Resigning	ıg)	_, nercoy	Midiai	wrtesign a	, a	
Member					, .		
(Pri	nt Title)				·		
of this limited liabilitiesignation in writing	g.	affirm the li	nited liab	ility con	npany has	been n	otified of
Meh N Signature of Disso	ciating Member	or Resigning	Manage	•			
7.6					5 2 7 3 S		and the same

CR2E079 (2/14)