Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	
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From:	Account Name : C T CORPORATION S/STEM Account Number : FCA00000023 Phone : (614)280-3338 Fax Number : (954)208-0845	STATE ELORIDI

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC REGISTERED AGENT RESIGNATION STAR BRIGHT ADVISERS, LLC

Certificate of Status		0
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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, the und	ersigned,
NRAI SERVICES	, INC.	, hereby resigns as 📉 🕉
	Name of Registered Agent	
Registered Agent for	STAR BRIGHT ADVISERS, LLC	
Registered Agent for _		TILED
	Name of Limited Liability Company	
		100
L16000229291		پي څخو
Document	Number, if known	570
A copy of this resigna	tion was mailed to the above listed limited liability	y company at its last known address.
	Signature of Resigning Ament	
If signing on behalf of		
	NRAI Services, Inc Kate Seldita	<del></del>
	Typed or Printed Name Assistant Secretary	
	Capacity	<del></del>
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively dissolution withdrawn limited liab	company lved/ voluntarily dissolved/ ility company
	National and a complete to Plantide Depositment	of State and mail to

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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