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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
Tropstar LLC SUBJECT:	
SUBJECT:	ited Liability Company)
•	
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Raymond L Starnes	
(Contact Person)	
(Firm/Company)	
0704 NE 0445 Chro	
2764 NE 34th Street	
(Address)	
Fort Lauderdale, Florida 33306	
(City/State and Zip Code)	<del></del>
For further information concerning this matter	er, please call:
Raymond L Starnes	215 262-4752
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t  \$25 Filing Fee	•
■ \$23 rining rec	□ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	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 COMPAÑY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department ostar LLC
2. The Florida doc L1700015892	ument/registration number assigned to this limited liability company is:
3. The date this me	11/01/2017 ember/manager withdrew/resigned or will withdraw/resign is:
David R Mor	
Member	
<del></del>	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
_	\$25.00 (Required) \$30.00 (Optional)