117000187184

| (R | equestor's Name) | | | |
|--------------------------|---------------------|-----------|--|--|
| (A | ddress) | | | |
| (A | ddress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (B | usiness Entity Name | e) | | |
| (D | ocument Number) | | | |
| Certified Copies | Certificates o | of Status | | |
| Special Instructions to | Filing Officer: | | | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|--------------------|---|---------------------------------------|
| SUBJ | ECT: Peters Star, LLC | |
| 50110 | Name of Limited Liability Co | ompany |
| DOC | UMENT NUMBER: L17000187184 | |
| The er for fili | nclosed Resignation of Registered Agent for a Limited Ling. | ability Company and fee are submitted |
| Please | e return all correspondence concerning this matter to the fe | following: |
| Unite | d States Corporation Agents, Inc. | |
| | Name of Person | |
| Legal | Izoom.com, Inc. | |
| | Name of Firm/Company | |
| 101 N | North Brand Blvd. 11th Floor | |
| | Address | |
| Glend | dale, CA 91203 | |
| | City/State and Zip Code | |
| rares | ignations@legalzoom.com | |
| E- | -mail address: (to be used for future annual report notification) | |
| For fu | rther information concerning this matter, please call: | |
| Janna | Area Code D | 73-0888 x3950 |
| | Name of Person Area Code D | Paytime Telephone Number |

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provis | sions of section 605.0115, Florida Statutes, the undersigned. | |
|--|---|-----------------|
| United States Co | rporation Agents, Inc. | |
| Name of Registered Agent , hereby resigns as | | |
| Registered Agent for | Peters Star, LLC | |
| | Name of Limited Liability Company | · |
| L17000187184 | | |
| Document | Number, if known | |
| A copy of this resigna | ition was mailed to the above listed limited liability company at its last known | address. |
| The agency is termina | ated and the office discontinued on the 31st day after the date on which this sta | tement is filed |
| If signing on behalf o | f an entity: | |
| | Cheyenne Moseley | · · |
| | Typed or Printed Name | |
| | Asst. Secretary for United States Corporation Agents, Inc. | |
| | Capacity | |
| | FILING FEES: | 1114:49 |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

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