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TO: Registration Section Division of Corporations	
SUBJECT: SILVER STAR USA LLC	
(Name of Limited Liability Company)	/
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	1
MUSTAFA HASKARAMAN	
(Contact Person)	1
SILVER STAR USA LLC	
(Firm/Company)	1
22640 VISTAWOOD WAY	
(Address)	1
BOCA RATON, FL 33428	~ ~ ~
(City/State and Zip Code)	2019
For further information concerning this matter, please call:	Jan 23
MUSTAFA HASKARAMAN 954 740-3535	R T
(Name of Contact Person) (Area Code & Daytime Telephone Numb	er)
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsir \text{\$\substack}\$ \$\substack \text{\$\substack \text{\$\substack}\$ \$\substack \text{\$\substack \text{\$\substack}\$ \$\substack \$\substack \text{\$\substack \text	23 6 7

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it	appears on the records of the Florida	Departm	nent
2. The Florida doc L1800026641		igned to this limited liability company	vis:	
4. I. ERKAN KOL (Print) AUTHORIZE	UKISAOGLU Tame of Person Resigning) D MEMBER (Print Title)	ned or will withdraw/resign is: 01/16		_
Signature of D			11.3 2 4 4 4 4 4 5 1 1 5 1 1 1 1 1 1 1 1 1 1 1	
_	\$30.00 (Nequired) \$30.00 (Optional)			بية لي.