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COVER LETTER

Division of Corporations	"
SUBJECT: STAR FIVE TOWN (Name of Limited)	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
CFRAIN GONZALEZ JR. (Contact Person)	
Stan five Towing and Ki	CONERY 1/c.
13081 METRO pkwy	
Fort My ERS FL 33 (City/State and Zip Code)	966_
For further information concerning this matter, p	blease call:
Ctean Gonzalez Je at (Name of Contact Person)	(239) 210 1450 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th ☐ \$25 Filing Fee	e/Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

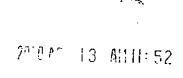
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: Registration Section





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)

1. The name of the	limited liability company as it appears on the records of the Florida Departmen
of State is:	tARtive Towing, TEANSPORT & RECOVERY 110.
	ument/registration number assigned to this limited liability company is:
-23	1095210
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{4/9/20}{20}$
4. I. CFR AND (Print N	1 CRIC GONTALEZ, hereby withdraw/resign as a fame of Person Resigning)
MEMU	Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)