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Registration Section

Division of Corporations

TO:

SUBJECT: WORLD STAR LIMITED LIABILITY Company) (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:
KARLENE NEIL (Contact Person)
(Firm/Company)
2129 SE Holland ST. (Address)
Pont St Lucie FC. 34952 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (56) \$60-3039 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \pm
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 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)

I. The name of the	limited liability o	ompany as i	t appears on	the records of th	ne Florida	i Departi	ment
of State is: <u>W</u>	ORED ST	AR L	MITED	LIABILI	I TY	Com.	pany
2. The Florida docu	ment/registration	number ass	igned to this	limited liability	company	y is:	J
3. The date this me	mber/manager wi	thdrew/resig	ned or will	withdraw/resign	is: <u>2/</u> 5/	1202	<u>0</u>
4. 1, KARLEN (Print N	UE NEZ. ame of Person Resig	ning)	, hereby	withdraw/resign	as a		
MAN	AGER (Print Title)	 -					
of this limited lial resignation in writer Signature of Di)		s been no	otified of	îmy
C	3	or o			• •	202	
Filing Fee: Certified Copy:	\$25.00 (Requi \$30.00 (Optio				ئىمائىد	920 HAY 2	
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