# 119000 242391

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	FIVE STAR PRIVATE VIP TOURS, LLC  Name of Limited Liability Company
DOCU	UMENT NUMBER: L19000242391
The enfor fili	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ng.
Please	return all correspondence concerning this matter to the following:
Unite	d States Corporation Agents, Inc.
•	Name of Person
Legal	zoom.com, Inc.
	Name of Firm/Company
101 N	North Brand Blvd. 11th Floor
	Address
Glenc	dale, CA 91203
	City/State and Zip Code
raresi	ignations@legalzoom.com
E-	mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Janna	Pantoja at (800 773-0888 x3950 Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Habilit	sed is a check made payable to the Florida Department of State for \$85.00 for an active limited y company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited y company.

#### 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 provision	ns of section 605.0115. Florida Statutes, the undersigned.	
United States Corpo	oration Agents, Inc	
	Name of Registered Agent	
Registered Agent for	VE STAR PRIVATE VIP TOURS, LLC	
	Name of Limited Liability Company	
L19000242391		
Document Nu	mber, if known	
A copy of this resignation	on was mailed to the above listed limited liability company at its last known ad	ldress.
The agency is terminated	d and the office discontinued on the 31st day after the date on which this states  Signature of Resigning Agent	ment is filed.
If signing on behalf of a	n entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agents, Inc.	
	Capacity	
		<del></del> -
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	 

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

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