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TO: Registration Section
Division of Corporations

FLORIDA STARR INSPECTIONS, LLC SUBJECT:	
(Name of Limited L	Liability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
ALEXANDRIA EICHELBERGER	
(Contact Person)	
FLORIDA STARR INSPECTIONS, LLC	
(Firm/Company)	·
PO BOX 100653	
(Address)	· - · · · · · · · · · · · · · · · · · ·
CAPE CORAL, FL 33910	
(City/State and Zip Code)	
For further information concerning this matter, pl	lease call:
ALEXANDRIA EICHELBERGER	256 366-2142
(Name of Contact Person) ((Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ■ \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tailahassee, FL 32303



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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 Dep	artment
2. The Florida doci	ument/registration number assigned to this limited liability company is:	
L19000302579	·	
CIMMA DIN DDA	ember/manager withdrew/resigned or will withdraw/resign is: WN, hereby withdraw/resign as a lame of Person Resigning)	<u> </u>
MANAGER		
	(Print Title)	
resignation in wr	od Moun	l of my
Filing Fee:	ssociating Member or Resigning Manager \$25.00 (Required) \$30.00 (Optional)	
Certified Copy:	\$50.00 (Optional)	