L20000234181

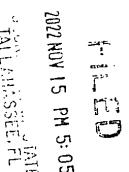
(Requ	uestor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Fi	ling Officer:		

Office Use Only



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C/ 2/14/2023

COVER LETTER

SUBJECT: Name of Limit	ted Liability	Company
DOCUMENT NUMBER: L20000234181		<u> </u>
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitte
Please return all correspondence concerning this	matter to th	ne following:
Chelsea Chapman		
Name of Person		
Legaline Corporate Services, INC.		
Name of Firm/Company		
10601 Clarence Dr Ste 250		
Address		
Frisco, TX 75033-3867		
City/State and Zip Code		
ra@legalinc.com		
E-mail address: (to be used for future annual report no	otification)	
For further information concerning this matter, pl	lease call:	
- Constitution - Cons	844	386-0178
Name of Person at (Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the u	ndersigned,
Legaline Corporate Ser	rvices, INC.	, hereby resigns as
	Name of Registered Agent	(os) realg.s as
Registered Agent for	NUBIAN STAR LLC	<u> </u>
	Name of Limited Liability Company	,
L20000234181		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liabi	lity company at its last known address.
The agency is termina	Signature of Resigning Age	2022 N
If signing on behalf o	f an entity:	- 5 (·
	Chelsea Chapman	P
	Typed or Printed Name On Behalf of Legaline Corporate Services, INC	5: 05
	Capacity	' '

FILING FEES:

O \$ 85.00 Active limited liability company
O \$ 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