

8/27/2021

**L2000024/051**

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022

Phone : (305)298-6579

Fax Number : (305)643-5225

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Email Address: arimirservices@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STARKEN LLC**

|                       |         |
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| Certified Copy        | 0       |
| Page Count            | 02      |
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONSFILED  
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DIVISION OF CORPORATIONS  
2021 AUG 27 AM 10:17**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 Department  
of State is: STARKEN LLC2. The Florida document/registration number assigned to this limited liability company is:  
L2000032410513. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/26/20214. I, RAFAEL A MORALES LOPEZ, hereby withdraw/resign as a  
(Print Name of Person Resigning)AMBR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning ManagerFiling Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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