L210000 12604

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COVER LETTER

TO:	Registration Section	
	Division of Corporations	
SUBJ	ECT: Star cons	ultinly LLC
	(Name of Limi	ted Liability Company)
The er	nclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to:
	SHEILA PALMER (Contact Person)	
	SPAT CONSULTING LLC (Firm/Company)	
<u> </u>	1423 GLENEAGLES WAY (Address)	
	2 V CK LENGE FL 32 955 (City/State and Zip Code)	
For fu	rther information concerning this matte	er, please call:
S	HEILA PALMER	at (407) 383-3140 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payable to	the Florida Department of State for:
⊠ \$25	5 Filing Fee	☐ \$55 Filing Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



2021 FEB -8 AM 7: 43

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)

1. The name of the I	imited liability company as it appears on the records of the Florida Department
of State is:	SPAT CONSULTING LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L210000	112604
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is:oi/o//zoz/
4.1, Anna & Print Na	A TORKES hereby withdraw/resign as a me of Person Resigning)
MANA (t	GER- Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
A	W-
Signature of Dis	sociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)