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(Req	uestor's Name)			
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PICK-UP	MAIT	MAIL		
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(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				





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SECRETARY OF STARTS

COVER LETTER

TO: Registration Section Division of Corporations STARZZZ ENTERPRISE LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Gregore F Celestin (Contact Person) STARZZZ ENTERPRISE LLC (Firm/Company) 3575 SW 173RD WAY (Address) MIRAMAR FL, 33029 (City/State and Zip Code) For further information concerning this matter, please call: GREGORE F CELESTIN 561 360-4244 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



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	• • •	as it appears on the records of the Fl	lorida Department
of State is:	STARZZZ	ENTERPRISE LLC	<u> </u>
2. The Florida doc	ument/registration number : 1.21000397544	assigned to this limited liability con	npany is:
1.1	EIGHTON FORRES	esigned or will withdraw/resign is: hereby withdraw/resign as a	
	AMBR	hereby withdraw/resign as a	
	(Print Title) bility company and affirm (iting.	the limited liability company has be	SEP 13
Filing Fee:	ssociating Member or Resi \$25.00 (Required) \$30.00 (Optional)	igning Manager	WHO: 51