## K22000074955

| (Requestor's Name)                      |           |
|---|-----------|
| (Address)                               |           |
| (Address)                               |           |
| (City/State/Zip/Phone #                 | ¥)        |
| PICK-UP WAIT                            | MAIL      |
| (Business Entity Name                   | e)        |
| (Document Number)                       |           |
| Certified Copies Certificates o         | of Status |
| Special Instructions to Filing Officer: |           |
|   |           |
|   |           |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: 5 Star Royalty Services, LC (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:  |
| Notashia Atuell (Contact Person)   |
| 5 Star Royalty Services, UC  |
| 2757 SW Ann Arbor Rd.  |
| Port St. Lucie, FL 34953<br>(City State and Zip Code)  |
| For further information concerning this matter, please call:   |
| NataSlua Atwell at 772, 812-2245 (Name of Contact Person) (Area Code & Daytime Telephone Number)   |
| Enclosed please find a check made payable to the Florida Department of State for:  ☐ \$25 Filing Fee  ☐ \$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 Tallahassee, FL 32303

CR2E079 (2/14)



## 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 li          | imited liability company as it appears on the records of           | -                    | mer        |
|--------------------------------|--|----------------------|------------|
| of State is:5                  | Star Royalty Services, La  | <u>ي</u>             | <u> </u>   |
| 2. The Florida docur           | nent/registration number assigned to this limited liabili          | ty company is:       |            |
| _L23000                        | 074955   |                      |            |
| 3. The date this men           | nber/manager withdrew/resigned or will withdraw/resig              | n is: 04/01/6        | 30         |
| 4. I. Ahmar                    | <u>L. A+Well</u> , hereby withdraw/resigner of Person Resigning)   | gn as a              |            |
| Ar                             | MBR<br>Print Title)  |                      |            |
| of this limited liabi          | lity company and affirm the limited liability company ling.        | nas been notified of | f my       |
| Ahmar Ahu<br>Signature of Diss | W by Later (parent of minor) sociating Member or Resigning Manager | 55                   | 0000 M ( ) |
| Filing Fee:                    | \$25.00 (Required)   | 107                  |            |
| Certified Copy:                | \$30.00 (Optional)   | AH II: 2             |            |