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



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COVER LETTER

| Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: 5 Star Rayalty 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: | | | |
| NatoShia Hazil (Contact Person) | | | |
| 5 Star Royauty Services, LLC | | | |
| 2.757. SW Arn Albor Pd. | | | |
| Port St. Lucie, FL 34953 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Notashia Atucki at (113,) 812-20-5 (Area Code & Daytime Telephone Number) | | | |
| Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee | | | |
| | | | |

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



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 | limited liability company as it appears on the records of the Florida | a Department |
|--|--|---------------|
| of State is: | 5 Star Poyalty Services, LLC | · |
| | ment/registration number assigned to this limited liability compan | y is: |
| L2200 | 0074955 | |
| 3. The date this men | mber/manager withdrew/resigned or will withdraw/resign is: | 01/22 |
| 1 | hereby withdraw/resign as a ame of Person Resigning) | |
| | AMPR Print Title) | 6.7 |
| of this limited liabi resignation in writ | oility company and affirm the limited liability company has been noting. | otified of my |
| lunic House | ssociating Member or Resigning Manager | -2 AHII: 2 |
| Eiling Con | \$25.00 (Dogwinsd) | 27 |
| Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | |