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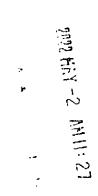
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## **COVER LETTER**

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	limited liability company	as it appears on the records of the f	Florida Dep	artment
of State is:	5 Star Rayal	ty Services, LC		
2. The Florida docu	ument/registration number	one of the contract of the con	mpany is:	
<u> 12200</u>	0074955	·		
3. The date this me	mber/manager withdrew/r	resigned or will withdraw/resign is:	04/01	122
4.1. Harmor	Matris  Jame of Person Resigning)	, hereby withdraw/resign as		
Ar	NBR (Print Title)	u.		
of this limited lia resignation in wr		the limited liability company has b		_
Harmoni Ma	_	L (purent of minor) signing Manager	•	9092 MAY -2
Filing Fee:	\$25.00 (Required)			МП: 2
Certified Copy:	\$30.00 (Optional)		. •	$\sim$