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## **COVER LETTER**

~	stration Section ion of Corporations		<b>b.</b>
SUBJECT:	STARCREST L.L.C.	f Limited Liability Co	empany)
The enclosed	I member, resignation or dis	ssociation and fee(	s) are submitted for filing.
Please return	all correspondence concern	ning this matter to:	
Guillermo Abr	eu		
STARCREST	(Contact Person)		2024 F
	(Firm/Company)		
2105 SW 20th	ave	•	
	(Address)		
Cape Coral, Fl,	, 33991		111
	(City/State and Zip Code)		<del></del>
For further in	aformation concerning this i	matter, please call:	
Guillermo Abre	cu	239 at (	789-0078
(N:	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed plea  ■ \$25 Filing	ase find a check made payal ; Fee		Department of State for: g Fee & Certified Copy
Regis Divis P.O. I	g Address: tration Section ion of Corporations Box 6327 nassee, 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)

STA	limited liability company as	s it appears on the records of the I	Florida	Depai	rtment
2. The Florida doc	ument/registration number a	ssigned to this limited liability co	mpany	is:	
L22000078042			_15F3	202	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	04/27/2	2022	
Guillermo Abrei	1	, hereby withdraw/resign as		C)	
	lame of Person Resigning)	, nereby withdraw/resign as	 	122	-
AP				છે:	
	(Print Title)		·.	$\sim$	
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability company has b	een no	tified (	of my
Signature of D	issociating Member or Resig	ning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				