

L96202

Florida Department of State
Division of Corporations
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(((H05000267042 3)))

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : ISAAC MATZ P.A., C.P.A.
Account Number : I20040000029
Phone : (305) 573-6640
Fax Number : (305) 675-6200

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REGISTERED AGENT RESIGNATION

STERLING STORES, INC.

Certificate of Status	1
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FAX AUDIT NUMBER: H050007670423**TRANSMITTAL LETTER**TO: Amendment Section
Division of CorporationsSUBJECT: STERLING STORES, INC.
(Name of Corporation)DOCUMENT NUMBER: L96202

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

AARON PEREDNIK

(Name of Person)

STERLING STORES, INC.

(Name of Firm/Company)

6770 STIRLING ROAD

(Address)

HOLLYWOOD FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

AARON PEREDNIK

(Name of Person)

at (954) 961-9928

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Prepared By:
Isaac Matz, P.A., C.P.A.
2742 Biscayne Blvd.
Miami, FL 33137
Phone: (305) 573-6640
Fax: (305) 675-6200

FAX AUDIT NUMBER: H050007670423

FAX AUDIT NUMBER:

4050002670423**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, JAY L BORSKY

(Name of Registered Agent)

hereby resigns as Registered Agent for STERLING STORES, INC.

(Name of Corporation)

L96202

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporationFILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDAMake checks payable to Florida Department of State and mail to:
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P.O. Box 6327
Tallahassee, FL 32314Prepared By:
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2742 Biscayne Blvd.
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Fax: (305) 675-6200FAX AUDIT NUMBER: 4050002670423