

L99 000004703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FBI - NEW YORK

L99-4703  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FIVE STAR APPAREL, LC  
(Name of Limited Liability Company)

Dear Sir or Madam:

RA

The enclosed Resignation of ~~Member, Managing Member or Manager~~ and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRANKO ZUNJIC  
(Name of Person)

C/O SOUTHPOINT SPORTSWEAR LLC  
(Firm/Company)

11245 NW 131 ST  
(Address)

MEDLEY, FL 33178  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRANKO ZUNJIC at ( 305 ) 885-3045 X 207  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

CR2E079 (8/05)

2006 JUN 14 PM 12:51  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

GALE S CRAWFORD

(Name of Registered Agent)

, hereby resigns as

Registered Agent for FIVE STAR APPAREL, LC

(Name of Limited Liability Company)

L99000004703

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2008 FEB 14 PM 12:41

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314