

M1600mDle25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

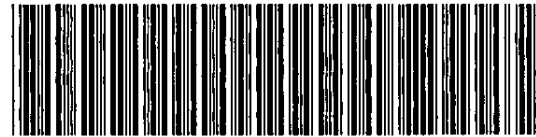
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WRONG FORM

WRONG FORM

Office Use Only



600296249586

03/14/17--01018--015 **35.00

FILED

2017 APR 18 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

APR 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2017

OPTIMAL FINANCIAL GROUP
CHARLES DOMBEK
358 MCLAWS CIR, STE 1
WILLIAMSBURG, VA 23185

SUBJECT: FIVE STAR HEALTH WORLD WIDE LLC
Ref. Number: M16000006625

We have received your document for FIVE STAR HEALTH WORLD WIDE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 417A00005114

RECEIVED

2017 APR 18 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIVE STAR HEALTH WORLD WIDE LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES DOMBEK
(Name of Person)

THE OPTIMAL FINANCIAL GROUP
(Firm/Company)

358 Mc LAWS CIRCLE STE 1
(Address)

WILLIAMSBURG VA 23185
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES DOMBEK at (757) 564-4923
(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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

FILED
2017 APR 18 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FIVE STAR HEALTH WORLDWIDE LLC
(Name of limited liability company)

NEVADA

(Jurisdiction of its organization)

8/15/2016

(Date registered with Florida Department of State)

M16000006625

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

CHARLES DOMBEK

(Typed or printed name of signee)

Filing Fee: \$25.00