N08000002452

(Re	questor's Name)	·
(Add	dress)	
(Adı	dress)	
	,	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
; (D.:.		
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		,

Office Use Only



200136195212

09/26/08--01035--022 **35.00

Off Resujor News 11. 2-08

COVER LETTER

SUBJECT: FIVE STAR AC	ADEMY, INC.
	(Name of Corporation)
DOCUMENT NUMBER:	N0800002452
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing
Please return all correspondence	ee concerning this matter to the following:
Allison Shaw	
(Name o	Person)
Allison Shaw	
(Name of Fir	m/Company)
3367 N. University Dr., Ste	201
(Add	ress)
Davie, FL 33024	
(City/State and	nd Zip Code)
For further information concer	ning this matter, please call:
Allison Shaw	at (954) 425.0711 (Area Code & Daytime Telephone Number)
(Name of Person	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00	made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, hereby resign as director	
(Title)	
ration)	
poration organized under the laws of the State of	
of resigning officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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