## P02000019442

| (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: | ٦ |
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Office Use Only



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14 HAY -9 PM 2: 10 SECRETARY OF STANC TALLAHASSEC FLORIDA

AFAROYEU PAROYEU

C. LEWIS

MAY 21 2014

EXAMINER

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

 $_{
m SUBJECT}$  STAR LIFT, INC.

(Name of Corporation)

DOCUMENT NUMBER: P02000019442

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIAMELYN CEPERO, ESQ.

(Name of Person)

(Name of Firm/Company)

2332 GALIANO STREET

(Address)

CORAL GABLES, FL. 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

DIAMELYN CEPERO

., 305

、505-2230

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:** 

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

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVI.. AND FILED

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

14 MAY -9 PM 2: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| 1. YOVANI DOMING            | Note: The state of |
|-----------------------------|--|
| -, <u></u>                  | (Title)  |
| of STAR LIFT, INC.          | ,  |
| _                           | ne of Corporation)   |
| P02000019442                | , a corporation organized under the laws of the State of   |
| (Document Number, if known) |  |
| FLORIDA                     |  |
|                             | <del></del> -  |

(Signature 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