

P03000086034

(Requestor's Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STAR Insurance Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000086034

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

Please return all correspondence concerning this matter to the following:

Ann Marie Sankersingh
(Name of Person)

STAR Insurance Associates Inc
(Name of Firm/Company)

2460 A. North State Rd 7
(Address)

Lauderdale Lakes, Fl. 33313.
(City/State and Zip Code)

For further information concerning this matter, please call:

Ann Marie Sankersingh at (954) 295-9851
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ANN MARIE SARKER SINGH, hereby resign as V (Title)

of STAR Insurance Associates, Inc.,
(Name of Corporation)

P 03000086034, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Ann Marie Sarker Singh
(Signature of resigning officer/director)

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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