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TALLAHASSEE FLORIDA



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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FIVE STARS FINANCE INC (Name of Corporation)
DOCUMENT NUMBER: POYOGOG32748
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juan C. Strrawo (Name of Person)
FIVE STARS FINANCE, INC. (Name of Firm/Company)
717 Parce de Lean BLVd #219  (Address)
Coral Gables, FL 33/34 (City/State and Zip Code)
For further information concerning this matter, please call:
THAN C SERRANO at (786) 395-83/7 (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 409 E. Gaines Street Tallahassee, FL 32399

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JUAN C. SERRANO	_, hereby resign as_	Vice Mes	si denT	
			(Title)	
of Five STARS FINANCE (Name of Corporat	Ivc		· · · · · · · · · · · · · · · · · · ·	,
POYO00327 Y8 , a corpo	oration organized un	der the laws of	the State of	
Florida	magnetic section of the section of t	an san Was	<b>L.</b>	٠.
GUATADI.				
(Signatule of	resigning officer/direc	itor)		·
			CRETAF AHAS	95 Alls 2
FILING F  Make checks payable to Florid	FEE IS \$35.00		SEE FLOP	FILED
Make checks payable to Florid	a Department of S	state and mail	to: § € .	

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