Po4000124769

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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(Do	cument Number	
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COVER LETTER

TO:	Amendment Section
	Division of Corporations
SUBJ	ECT: STAR MORTGAGE PROCESSING, CORP
	(Name of Corporation)
DOC	JMENT NUMBER: P04000124769
The er	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
VIVI	AN WILLIAMS
	(Name of Person)
COR	PORATE PROCESS SERVICES, INC
	(Name of Firm/Company)
2300	CORAL WAY SUITE 200
	(Address)
MIAI	MI, FL 33145
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
VIVIA	AN WILLIAMS at (305) 856-0056
	(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections $607.0502(2)$, $617.0502(2)$, 607.1509 , or 617.1509 ,		
Florida Statutes, the undersigned, CORPORATE PROCESS SERVICES, INC (Name of Registered Agent)	-	
hereby resigns as Registered Agent for STAR MORTGAGE PROCESSING, CORP	_,	
P04000124769		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known address		
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent)		
If signing on behalf of an entity:		
VIVIAN WILLIAMS (Typed or Printed Name) PRESIDENT (Capacity)	08 MAY - 7, PH 3:	FILEU
	<u></u>	•

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314