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(flequestor's Name)			
(Address)	500311318455⁄		
(City/State/Zip/Phone #)	04/02/1801017029 ++35.00		
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Certified Copies Certificates of Status Special Instructions to Filing Officer:	APR 0 3 2018		
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Office Use Only			

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

ALLISTAR MANAGEMENT, INC

SUBJECT:_

.

(Name of Corporation) P04000151753

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

ALL STAR MANAGEMENT, INC

(Name of Firm/Company) (Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

______at (_____)_____(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

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

		hereby resign as	President , hereby resign as(Title)		
of	R MANAGEMENT, INC (Name of Cor				
(Docu FLORIDA	ment Number, if known)	orporation organized u	nder the laws of the	State of	
	Signatu	are of resigning officer/direct	ctor)	日日日日 18 APR - 2 PH 2: 31	
	FILIN	G FEE 1S \$35.00		·····································	
	Make checks payable to Flo	orida Department of S	State and mail to:		
	Divis	nendment Section sion of Corporations P.O. Box 6327 nassee, Florida 32314			