20600038030)

(Re	equestor's Name)	
· (Ac	ddress)	
., . (Ac	ddress)	
, (Ci	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Ві	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Star Time Limous	sine & Exotic Rides Inc
	(Name of Corporation)
DOCUMENT NUMBER:	(Name of Corporation) P0600038030
The enclosed Officer/Director R	esignation for a Corporation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Clive Lewis	
(Name of I	Person)
(Name of Firm	(Company)
(Name of Firm	Company)
1050 NW 196 Street	
(Addre	ss)
Miami, Fl., 33169	
(City/State and	Zip Code)
For further information concerni	ng this matter, please call:
Clive Lewis	at (786) 229-4421 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 n	nade 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

l, Clive Lewis	, hereby resign as Vice President	
	(Title)	
of Star Time Limousine & Exotion (Name)	c Rides Inc ne of Corporation)	
P 06000038030 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		
	(Signature of resigning officer/director)	
	PATE 22	

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