P08000095379

	(Requestor's Name)	
	(Address)	
	(Address)	
<u> </u>	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instruction	s to Filing Officer	
Opecial instruction	s to r imig cineer.	
ĺ		
		;
	•	
<u> </u>		

Office Use Only



400235848954

06/07/12--01021--006 **35.00



Posign.
06-13-12
2

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: STARKES INVESTMENTS, INC. (Name of Corporation) DOCUMENT NUMBER: POSODO 95379
DOCUMENT NUMBER: PUBBUUG 4 3 3 7 7
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Chich Sm. H (Name of Person)
STARKE STATESTMENTS, STAC. (Name of Firm/Company)
2016 IMESON ROAD (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Chuck Sm. H at (904) 738-8762 (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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Douglas Mc Cornacte	hereby resign as Dresident
	(Title)
of Starke Investment	5. INC
(Name of Corporat	ion)
Po 8 0 0 0 0 9 5 3 7 9 , a corpo (Document Number, if known)	oration organized under the laws of the State of
FLORIDA	
Douglas	pe Com
gnature of	f resigning officer/director)

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