

PO8000111330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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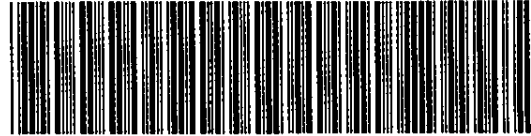
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
15 SEP -9 PM 2:15

SEP 14 2015  
C LEWIS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **STARMAX FINANCE INC**

(Name of Corporation)

**DOCUMENT NUMBER:** **P08000111330**

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

Please return all correspondence concerning this matter to the following:

**LUTFI UGURLU**

(Name of Person)

**STARMAX FINANCE**

(Name of Firm/Company)

**9140 EAST COLONIAL DR**

(Address)

**ORLANDO, FL 32817**

(City/State and Zip Code)

For further information concerning this matter, please call:

**LUTFI UGURLU**

(Name of Person)

at

**407 781 2400**

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 SEP -9 PM 2: 15

I, MAHMUT ENGIN CUMBUR, hereby resign as SECRETARY  
(Title)

of STARMAX FINANCE INC  
(Name of Corporation)

P08000111330, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of 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