

P100000088575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

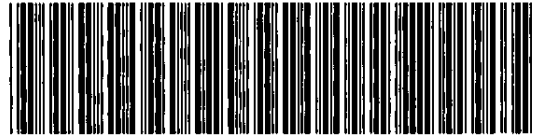
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700254570227

12/16/13--01015--007 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 16 PM 12:49

OD/Res
10 12.20.13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **STARA ESTATES INC.**
(Name of Corporation)

DOCUMENT NUMBER: **P10000088575**

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

Please return all correspondence concerning this matter to the following:

Paul Levine

(Name of Person)

STARA ESTATES INC.

(Name of Firm/Company)

12377 ANTILLE DRIVE

(Address)

BOCA RATON, FL 33428

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL LEVINE

(Name of Person)

at (**954**) **667-2322**

(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**

I, PAUL LEVINE, hereby resign as DIRECTOR
(Title)

of STARA ESTATES, INC.
(Name of Corporation)

P10000088575, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 16 PM 12:49