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(Requestor's Name)
(Address)
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<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: STAR LIFT GROUP INC. (Name of Corporation)
DOCUMENT NUMBER: P120000 60 860
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert SCHIROSO (Name of Person)
STAR LIFT GROUP Inc. (Name of Firm/Company)
650 ARBOR LAKE LAHE (Address)
TAMPA, FL 33602 (City/State and Zip Code)
For further information concerning this matter, please call:
Cecilia Schiposo at (813) 299.6358 (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, Robert SCHIROSO, hereby resign as VICE PRESIDEN	ĭ
of STAR LIFT GROUP, INC (Name of Corporation)	. •
P1200060860 (Document Number, if known)  LORINA  (Signature of resigning officer/director)  , a corporation organized under the laws of the State of	77 71

## 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