

P1700001104

(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



300306017253

12/05/17--01030--009 \*\*35.00

FILED  
2017 DEC -4 A 11:42  
FALLS CHURCH, VA

FILED

DEC 06 2017  
T. LEMIREX

CD

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 5 STAR MULTI SERVICES INC 2  
(Name of Corporation)

**DOCUMENT NUMBER:** P17000011104

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

Please return all correspondence concerning this matter to the following:

JOCELYNE JOSEPH  
(Name of Person)

2601 SW HALISSEE ST  
(Name of Firm/Company)  
(Address)

PORT ST. LUCIE, FL 34953  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOCELYNE JOSEPH at ( 754 ) 245-0499  
(Name of Person) (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

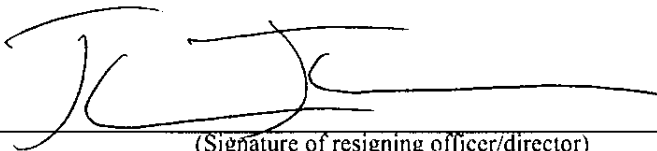
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JOCELYNE JOSEPH, hereby resign as VP  
(Title)

of 5 STAR MULTI SERVICES INC 2,  
(Name of Corporation)

P17000011104, a corporation organized under the laws of the State of  
(Document Number, if known)

FL

  
(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