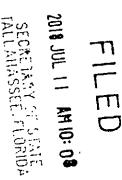
P150000005051

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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Office Use Only



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CDRES

JUL 12 2018
I ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 5 Star Cleaning and more INC Name of Corporation)
DOCUMENT NUMBER: 82-4825672
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
5 Star Geaning and more INC (Name of Firm/Company)
9770 SW 85 tear. (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 812-8291 (Area Code & Daytime Telephone Number)

Tallahassee, FL 32314

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, F1, 32301



June 27, 2018

JOANA HERNANDEZ 5 STAR CLEANING AND MORE INC 9770 SW 85 TERR MIAMI, FL 33173

SUBJECT: 5 STAR CLEANING AND MORE INC

Ref. Number: P18000025054

We have received your document for 5 STAR CLEANING AND MORE INC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene-Albritton
Regulatory Specialist II

Letter Number: 918A00013420



D' : : CO ... DO DOV 0007 M-II-barra Filadia 0001

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Mayar	STAWSEN	, hereby resign as_	Secretary	Tressurer	
of 5 STAI	(Name of Corp	M ware In	<u>, </u>		
(Document Numb	. a co	orporation organized un	der the laws of th	ne State of	
, , , , , , , , , , , , , , , , , , , ,	·				
_	(Signatu	re of resigning officer/direct	sor)	BECRETARY OF STATE	FILED

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314