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P18000	080112.	
(Requestor's Name) (Address) (Address)	000330903410	
(City/State/Zip/Phone #)	05/21/1901014020 **35.00	
(Business Entity Name)	FLED MULANASSE, FLORID JUL 0 5 2019 S. YOUNG	· · · · · · · · · · · · · · · · · · ·

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ______ STAR SOCIETY OUTPATIENT, INC

(Name of Corporation)

DOCUMENT NUMBER: P18000080112

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

Please return all correspondence concerning this matter to the following:

ODALYS ALEMAN

(Name of Person)

STAR SOCIETY OUTPATIENT, INC

(Name of Firm/Company)

5881 NW 151 ST, STE 205A

(Address)

MIAMI LAKES, FL 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

ODALYS ALEMAN

(Name of Person)

at (<u>786</u>)<u>534-9026</u> (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

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