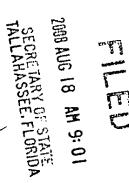
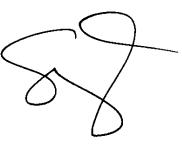
(Requestor's Name)	
(Address)	600132443186
(Address)	
(City/State/Zip/Phone #)	08/18/0801044020 **35.
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER** -

SUBJECT: Silver Star Liner Inc. (Name of Corporation)
DOCUMENT NUMBER: P99 000032600
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Panela Troyer (Name of Person)
Troyers Business Services Inc (Name of Firm/Company)
1569 Shadow Ridge Cir (Address)
Sarasota FL 34240 - 9464 (City/State and Zip Code)
For further information concerning this matter, please call:
Pamela Troyer at (941) 378-4171 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

(Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section **Division of Corporations** 

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

ruisuant to the pro	ovisions of sectio	ons 007.0302(2), 0	17.0302(2), 60	77.1309, or 01	7.1509,
Florida Statutes, tl	he undersigned,	Pame	La Tro (Name of Registe	yer	
hereby resigns as I	Registered Agent	for Silver	4	Liner.	Inc.
	0003240 Number, if known)	0			
A copy of this resi	gnation was mail	led to the above li	sted corporation	on at its last kn	own address.
The agency is term this statement is fi		ffice discontinued	on the 31st da	y after the dat	e on which
		Pamela	tray	er	
		(Signature of Resig	ning Agent) [		
If signing on behal	lf of an entity:				
					2008 AUG SECRET
· · · · · · · · · · · · · · · ·	:	(Typed or Printe	d Name)		三三
	· · · · · · · · · · · · · · · · · · ·				18 AH
		(Capacity	)		9: 01 STATE FLORIDA

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314