573/5/

(De	equestor's Name)	
(Ne	questor s Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	#)
(,	.,
PICK-UP	☐ WAIT	MAIL
	<u> </u>	
(Bu	isiness Entity Nam	ne)
		•
(Document Number)		
Certified Copies	Certificates	of Status
•	_	
Special Instructions to	Filing Officer:	

Office Use Only



000129582290

05/16/08--01027--021 **35.00

SECRETARY, OF STATE TALLAHASSEE, FLORIDA

RA Pesign Treurs 5-22-08 008 MAY 16 AM II: 27

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: SILVER STAR INTERNATIONAL INVESTMENT CORP. (Name of Corporation)	
DOCUMENT NUMBER: S73151	
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:	
JOSE MARIA CARNEIRO DA CUNHA	
(Name of Person)	
(Name of Firm/Company)	
1900 SW 3RD AVENUE	
(Address)	
MIAMI, FL 33129	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JOSE MARIA CARNEIRO DA CUNHA at (305) 858-1099 (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of State for \$87.50 for an active corpora or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	tion

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, _ JOSE MARIA CARNEIRO DA CUNHA
(Name of Registered Agent)
hereby resigns as Registered Agent for SILVER STAR INTERNATIONAL INVESTMENT, CORP.
(Name of Corporation)
S73151
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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