

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070612

FILED  
Sep 04, 2008  
Secretary of State

Entity Name: SERVISTAR, LLC

**Current Principal Place of Business:**

6615 BOYNTON BEACH BLVD.  
155  
BOYNTON BEACH, FL 33473 US

**New Principal Place of Business:**

**Current Mailing Address:**

6615 BOYNTON BEACH BLVD.  
155  
BOYNTON BEACH, FL 33473 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VENTURA, KENNETH P  
10865 SUNSET RIDGE CIRCLE  
BOYNTON BEACH, FL 33473 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VENTURA, KENNETH P  
Address: 6615 BOYNTON BEACH BLVD.  
City-St-Zip: BOYNTON BEACH, FL 33473 US

Title: MGRM ( ) Delete  
Name: TAYLOR, JESSE W  
Address: 11445 49TH STREET NORTH  
City-St-Zip: WEST PALM BEACH, FL 33411 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KENNETH P VENTURA

MR

09/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date