

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004365

FILED
Feb 01, 2009
Secretary of State

Entity Name: PSYMON STARK NETWORK LLC

Current Principal Place of Business:

15707 SW 48TH DR
MIRAMAR, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

15707 SW 48TH DR
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., STE. 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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: P () Delete
Name: ALLEN, JAY
Address: 15707 SW 48TH DR
City-St-Zip: MIRAMAR, FL 33027

Title: V () Delete
Name: ALLEN, JAY
Address: 15707 SW 48TH DR
City-St-Zip: MIRAMAR, FL 33027

Title: S () Delete
Name: ALLEN, JAY
Address: 15707 SW 48TH DR
City-St-Zip: MIRAMAR, FL 33027

Title: T () Delete
Name: ALLEN, JAY
Address: 15707 SW 48TH DR
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: ALLEN, JAY
Address: 15707 SW 48TH DR
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES:

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

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

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

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: JAY ALLEN

P

02/01/2009

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