## 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L00000002545

Title:

Name:

Address:

City-St-Zip:

() Delete

Entity Name: STARLINE ONLINE SHIPPING LLC

FILED Jun 20, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4397 N. STATE RD. SEVEN LAUDERDALE LAKES, FL 33319 US **Current Mailing Address: New Mailing Address:** 4901 UMBRELLA TREE LANE TAMARAC, FL 33319 FEI Number: 65-0988173 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STAFFORD, EARLE LISA ANN, EARLE 4901 UMBRELLA TREE LANE 4901 UMBRELLA TREE LANE TAMARAC, FL 33319 TAMARAC, FL 33319 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: LISA ANN EARLE 06/20/2005 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete EARLE, STAFFORD Name: Name: 4901 UMBRELLA TREE LANE Address: Address: City-St-Zip: TAMARAC, FL 33319 US City-St-Zip: Title: MGR () Delete Title: MGR (X) Change ( ) Addition EARLE, STEPHEN Name: EARLE, LISA A Name: Address: 4901 UMBRELLA TREE LANE Address: 4901 UMBRELLA TREE LANE City-St-Zip: TAMARAC, FL 33319 US City-St-Zip: TAMARAC, FL 33319 US Title: MGR () Delete Title: () Change () Addition EARLE, SIMONE Name: Name: Address: 4901 UMBRELLA TREE LN. Address: City-St-Zip: LAUDERDALE LAKES, FL 33319 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: STRIEMER, NATHAN Name: 4901 UMBRELLA TREE LN. Address: Address: City-St-Zip: TAMARAC, FL 33319 US City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition EARLE, JASON Name: Name: 4901 UMBRELLA TREE LANE Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

( ) Change (X) Addition

EARLE, STEPHEN

4901 UMBRELLA TREE LANE TAMARAC, FL 33319

SIGNATURE: STAFFORD EARLE MGR 06/20/2005