

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000003886**

1. Entity Name  
**MORNING STAR, LLC**



Principal Place of Business  
**1003 GREENRIDGE RD  
JACKSONVILLE, FL 32207**

Mailing Address  
**PO BOX 217  
PENFIELD, NY 14526**



02212007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3641839**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHMIDT, KENT H  
1003 GREENRIDGE ROAD  
JACKSONVILLE, FL 32207**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BERGERON, BRIAN
STREET ADDRESS	4 D' ANGELO DR
CITY-ST-ZIP	WEBSTER, NY 14580
TITLE	MGRM
NAME	SCHMIDT, KENT H
STREET ADDRESS	1003 GREENRIDGE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	MGRM
NAME	SEAY, EVERETTE
STREET ADDRESS	1026 RIVIERA STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	MGRM
NAME	SCHMIDT, MICHAEL
STREET ADDRESS	1003 GREENRIDGE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/08/07-80012-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-21-07

Date

585-749-6789

Daytime Phone #