


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L00000007940</b> 1. Entity Name <b>STARR AIR &amp; TRANSPORTATION, L.L.C.</b>	
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**FILED**  
**Jul 07, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>1600 W NEW YORK AVE DELAND, FL 32720</b>	Mailing Address <b>1600 W NEW YORK AVE DELAND, FL 32720</b>
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07032008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3656424</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MILES, DOUGLAS W 1600 W NEW YORK AVE DELAND, FL 32720</b>
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**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.

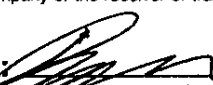
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restate)

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008** In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. 07/07/08-80004-014 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MILES, DOUGLAS W 1600 W NEW YORK AVE DELAND, FL 32720</b>
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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:**  **2 July 08 386-740-0006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #