

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008008

1. Entity Name

Starphire Technologies, LLC

FILED

01 JUN 18 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

18840 US 19 North, Suite 422
Clearwater, FL 3376418840 US 19 North
Suite 422
Clearwater, FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

County

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3665637

Applied For
Not Applicable

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Clayton E. Parker
201 S. Biscayne Blvd.
20th Floor
Miami, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typewritten name of registered agent, and date if applicable.

NOTE: Registered Agent Signature required when removing.

DATE

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Member

Wilshire Partners LLC

18840 US 19 N., Suite 422
Clearwater, FL 33764☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Add

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Member

SP Investments

18840 US 19 N., Suite 422
Clearwater, FL 33764☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Add

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Member

Michael Murdock

18840 US 19 N., Suite 422
Clearwater, FL 33764☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Add

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Add

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

Michael Murdock, Member

June 15, 2001

SIGNATURE AND TYPE OR PRINTED NAME OF MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE