

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90023 012 ****50.00

DOCUMENT # L00000008008

1. Entity Name

STARPHIRE TECHNOLOGIES, LLC



Principal Place of Business

**18840 US 19 NORTH, STE 422
CLEARWATER FL 33764**

Mailing Address

**18840 US 19 NORTH, STE 422
CLEARWATER FL 33764**

2. Principal Place of Business

3. Mailing Address

18830 US 19 NORTH

18830 US 19 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 332

SUITE 332

City & State

City & State

CLEARWATER FL

CLEARWATER FL

Zip

Zip

Country

Country

33764

PINELLAS

33764

PINELLAS

☐ CHECK HERE IF MAKING CHANGES

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

**PARKER, CLAYTON E
201 SOUTH BISCAYNE BLVD., 20TH FL
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. 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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WILSHIRE PARTNERS LLC 18840 US 19 NORTH, STE 422 CLEARWATER FL 33764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SP INVESTMENTS 18840 US 19 NORTH, STE 422 CLEARWATER FL 33764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MURDOCK, MICHAEL 18840 US 19 NORTH, STE 422 CLEARWATER FL 33764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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]

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

7/15/03 727-531-7953

Date Daytime Phone #

CR2E083 (10/02)

0060209