

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90115 028 ****50.00

DOCUMENT # L00000010386

1. Entity Name
SUNSTAR TRUCKING, L.L.C.



Principal Place of Business
5111 SOUTH PINE AVENUE. BLDG. 0
OCALA FL 34480

Mailing Address
5111 SOUTH PINE AVENUE. BLDG. 0
OCALA FL 34480
P.O. Box 5058

2. Principal Place of Business
5111 S. Pine Ave
Suite, Apt. #, etc.
Ste 0

3. Mailing Address
P.O. Box 5058
Suite, Apt. #, etc.

City & State
Ocala FL

City & State
Ocala FL

Zip
34480

Country
USA

Zip
34478

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

HICKS, DANIEL
421 SOUTH PINE AVENUE
OCALA FL 34474

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 **MGR** ☐ Delete
NAME **CARRIZZO, DIANE**
STREET ADDRESS **5111 SOUTH PINE AVENUE, BLDG. 0**
CITY-ST-ZIP **OCALA FL 34480**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Carrizzo, Diane**
STREET ADDRESS **5111 South Pine Avenue, Building "0"**
CITY-ST-ZIP **Ocala, FL 34480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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 REQUIRED
Diane M. Carrizzo

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

1/6/03
Date

352-369-5411
Daytime Phone #

CR2E083 (10/02)