2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010405

1. Entity Name

STAR-KISSED, LLC



FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90031 039 ****50.00

Principal Plac	e of Business	Mailing Address									
1111 THIRD AVENUE WEST STE 300 BRADENTON FL 34205		1111 THIRD AVENUE WEST STE 300 BRADENTON FL 34205							 	######################################	0.000 0.001 1.001
2. Principal Place of Business		3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. F	4. FEI Number 65-1139750 Applied For Not Applicab					
Zip	Country	Zip	Zip Count			5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name and Address of Current			7. N	ame and	Address of I	New Regis	tered Ag	ent	-	
DYE, STEPHEN R 1111 THIRD AVENUE WEST, STE 300				Name Street Addr			r is Not Acce		-	1-	
BRADENTON FL 34205						- "					
•				City					FL	Zip Cod	е
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. It am familiar with, and as the obligations of registered agent. SIGNATURE Signature, typed or proceedings agent and title if applications (NBTE: Client Agent signature required when reinstating) DATE									and accept		
		Make Check Payabl	e to Flo	FEE IS \$50. orida Depart ay 1, 2003		State	,				
9.	MANAGING MEMBE	RS/MANAGERS	10.				ADDIT	ONS/CHA	NGEŞ		
TITLE	MGR	☐ Delete	TITLE	: I						Change	☐ Addition
NAME	dye, stephen r		NAM	E					,		
STREET ADDRESS City-St-Zip				ET ADORESS - ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZiP	MGR DYE, JAMES D 1111 THIRD AVENUE WEST STE BRADENTON FL 34205	☐ Delete							[_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DYE, DEBORAH L 1111 THIRD AVENUE WEST STE BRADENTON FL 34205				n n www		messar yn en kr	er _{de} mi nimi tae de 27. g	[<u>C</u> hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,	☐ Delete				, ,			[☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		ľ					С	_ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	artify that the information supplied with	☐ Delete	CITY-	ET AODRESS ST-ZIP		10.07/2//] Change	Addition

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.



Daytime Phone #