

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90075 009 ***138.75

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|--|--|--|---|---|--|
| DOCUMENT # L01000011812 1. Entity Name SAT STAR TECHNOLOGIES, LLC | | | | | |
| Principal Place of Business 5155 RIO VISTA AVENUE TAMPA, FL 33634 | | | Mailing Address 5155 RIO VISTA AVENUE TAMPA, FL 33634 | | |
| 2. Principal Place of Business - No P.O. Box # 11449 CHALLENGER AVE Suite, Apt. #, etc. | | 3. Mailing Address 11449 CHALLENGER AVE Suite, Apt. #, etc. | | | |
| City & State ODESSA, FL Zip 33556 | | City & State ODESSA, FL Zip 33556 | | 4. FEI Number 59-3731719 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GIOE, GEORGE P 8437 ASHFORD PLACE NEW PORT RICHEY, FL 34655 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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: 2/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GIOE, GEORGE P 8437 ASHFORD PLACE NEW PORT RICHEY, FL 33634 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GIOE, GEORGEANN 8437 ASHFORD PLACE NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: | | | Date: 2/11/08 Daytime Phone #: 8135453759 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |