

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 25, 2003 8:00 am
Secretary of State

09-25-2003 90039 026 ****50.00

DOCUMENT # L01000018392

1. Entity Name
TWO STARS TALENT LLC



Principal Place of Business

**533 KINZIE ISLAND CT.
SANIBEL FL 33957**

Mailing Address

**ATTN: CAROL SIMONTACCHI
P.O. BOX 658
SANIBEL FL 33957**

2. Principal Place of Business

1633 C Periwinkle Way

Suite, Apt. #, etc.

3. Mailing Address

1633 C Periwinkle Way

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **91-1931975**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SIMONTACCHI, CAROL
533 KINZIE ISLAND CT.
SANIBEL FL 33957**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SIMONTACCI, CAROL
533 KINZIE ISLAND CT.
SANIBEL FL 33957** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1633 C Periwinkle Way ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Carol Simontacchi

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

Date

Daytime Phone #

9/20/03

239 472 4419

CR2E083 (4/03)