

FILED
Mar 20, 2008 08:00 AM
Secretary of State

1. Entity Name
STAR MANAGEMENT, LLC



Mailing Address
PO BOX 217
PENFIELD, NY 14526

DO NOT WRITE IN THIS SPACE



CR2E083 (12/07)

Applied For
Not Applicable

☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, KENT H
1003 GREENRIDGE ROAD
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$638.75

04/07/08-80002-020 138.75

9.	MANAGING MEMBERS/MANAGERS
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TITLE	MGRM
NAME	BERGERON, BRIAN
STREET ADDRESS	4 D'ANGELO DR.
CITY-ST-ZIP	WEBSTER, NY 14580

TITLE	MGRM
NAME	SCHMIDT, KENT H
STREET ADDRESS	1003 GREENRIDGE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207

TITLE	MGRM
NAME	SEAY, EVERETTE
STREET ADDRESS	1026 RIVIERA STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32207

TITLE	MGRM
NAME	SCHMIDT, MICHAEL
STREET ADDRESS	1003 GREENRIDGE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

Date _____

Daytime Phone #