

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90111 001 ****50.00

DOCUMENT # L02000000992

1. Entity Name
STAR LIGHT TECHNOLOGY, LLC



Principal Place of Business
**138 ALHAMBRA PLACE
WEST PALM BEACH, FL 33405**

Mailing Address
**138 ALHAMBRA PLACE
WEST PALM BEACH, FL 33405**

2. Principal Place of Business
1500 CLARE AVE.
Suite, Apt. #, etc.

3. Mailing Address
1500 CLARE AVE
Suite, Apt. #, etc.

City & State
WEST PALM BEACH FL
Zip
33401 Country
USA

City & State
WEST PALM BEACH FL
Zip
33401 Country
USA

07152005 Chg-LLC CR2E083 (10/03)

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

**JENSEN, DONALD C
138 ALHAMBRA PLACE
WEST PALM BEACH, FL 33405**

7. Name and Address of New Registered Agent

Name
Jensen, DONALD C.
Street Address (P.O. Box Number is Not Acceptable)
1500 CLARE AVE.
City
WEST PALM BEACH FL Zip Code
33401

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]*
Signature, typed or printed name of registered agent and future applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
MGRM ☐ Delete
NAME
JENSEN, DONALD C
STREET ADDRESS
138 ALHAMBRA PLACE
CITY-ST-ZIP
WEST PALM BEACH, FL 33405

TITLE
MGRM ☐ Delete
NAME
FLEMING, O.J.
STREET ADDRESS
2301 WEST 92 AVE C/O NORTHERN ELECTRIC
CITY-ST-ZIP
FEDERAL HEIGHTS, CO 80221

TITLE
MGRM ☐ Delete
NAME
GOUSSELAND, PIERRE
STREET ADDRESS
21 DEER PARK DR.
CITY-ST-ZIP
GREENWICH, CT 06830

TITLE
MGRM ☐ Delete
NAME
JENSEN, ARTHUR BRUCE
STREET ADDRESS
138 ALHAMBRA PLACE
CITY-ST-ZIP
WEST PALM BEACH, FL 33405

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
MGRM ☒ Change ☐ Addition
NAME
JENSEN, DONALD C.
STREET ADDRESS
1500 CLARE AVE
CITY-ST-ZIP
WEST PALM BEACH FL 33401

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
MGRM ☒ Change ☐ Addition
NAME
JENSEN, ARTHUR BRUCE
STREET ADDRESS
1500 CLARE AVE.
CITY-ST-ZIP
WEST PALM BEACH FL 33401

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

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

Date

Daytime Phone #