

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92168 027 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000004948			
1. Entity Name SOUTHERN STAR PRESSURE WASHING & MATERIAL HANDLING, LLC			
Principal Place of Business 1043 TROPICAL AVENUE CHULUOTA, FL 32766		Mailing Address 1043 TROPICAL AVENUE CHULUOTA, FL 32766	
2. Principal Place of Business 933 Meller Way		3. Mailing Address 933 Meller Way	
City & State Orlando FL		City & State Orlando FL	
Zip 32825		Zip 32825	
Country Orange		Country Orange	
4. FEI Number 22-3850370		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent TANNER, TRAVIS 1043 TROPICAL AVENUE CHULUOTA, FL 32766		7. Name and Address of New Registered Agent Name JASON HUGHES Street Address (P.O. Box Number is Not Acceptable) 933 Meller Way City Orlando FL Zip Code 32825	
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 date if applicable. (NOTE: Registered Agent's name required when appointing)			
DATE _____			
9. MANAGING MEMBERS / MANAGERS			
TITLE NAME JASON HUGHES STREET ADDRESS 933 Meller Way CITY-ST-ZIP Orlando FL 32825		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME 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 606, Florida Statutes.			
SIGNATURE: _____		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	