

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90186 045 \*\*\*\*50.00

**DOCUMENT # L02000024636**

1. Entity Name

**STARR & RAYBON INTERIOR DESIGN L.L.C.**



Principal Place of Business

Mailing Address

~~5003 TRESTLE COURT~~  
SARASOTA FL 34238

5122  
Brooks bend  
circle

~~5003 TRESTLE COURT~~  
SARASOTA FL 34238

5122  
Brooks bend  
circle

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5122 Brooks bend circle

Suite, Apt. #, etc.

5122 Brooks bend circle

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34238

Country

Zip

34238

Country

4. FEI Number

05-0537539

Applied For

Not Applicable

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

RAYBON, KRISTIN M

~~5003 TRESTLE COURT~~  
~~SARASOTA FL 34238~~

5122 Brooks bend  
circle  
Sarasota, FL  
34238

Name **RAYBON, KRISTIN M**

Street Address (P.O. Box Number is Not Acceptable)

5122 Brooks bend circle

City **Sarasota**

**FL**

Zip Code  
**34238**

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

1.25.04

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYBON, KRISTIN 5003 TRESTLE COURT SARASOTA FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STARR, JENNIFER 5003 TRESTLE COURT SARASOTA FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Raybon, Kristin 5122 Brooks bend circle Sarasota, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Starr, Jennifer 5122 Brooks bend circle Sarasota, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

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

Date

Daytime Phone #

1.25.04 941.925.6570