

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L03000012927

1. Entity Name
STAR TEQUESTA, LLC



Principal Place of Business
3300 NORTH FEDERAL HIGHWAY SUITE 250
FT. LAUDERDALE, FL 33306

Mailing Address
3300 NORTH FEDERAL HIGHWAY SUITE 250
FT. LAUDERDALE, FL 33306



02282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1185631

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEAL, TIMOTHY
3300 NORTH FEDERAL HIGHWAY SUITE 250
FT. LAUDERDALE, FL 33306

**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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007.**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEAL, TIMOTHY 3300 NORTH FEDERAL HIGHWAY SUITE 250 FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEAL, SHAYNA 3300 NORTH FEDERAL HIGHWAY SUITE 250 FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERLIN ALTMAN, RICHARD 3300 NORTH FEDERAL HIGHWAY SUITE 250 FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALTMAN, ANDREA 3300 NORTH FEDERAL HIGHWAY SUITE 250 FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

4-4-07 912-638-2511