


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90042 003 ***138.75

DOCUMENT # L03000013742 1. Entity Name BOLDSTAR TECHNICAL, LLC					
Principal Place of Business 6169 SE GEORGETOWN PLACE HOBE SOUND, FL 33455			Mailing Address PO BOX 810515 BOCA RATON, FL 33481		
2. Principal Place of Business - No P.O. Box # 437 Emmaus Way		3. Mailing Address 437 Emmaus Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Moravian Falls, NC		City & State Moravian Falls, NC		4. FEI Number 20-0037281	
Zip 28654		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCLAUGHLIN, GREGORY A ESQ C/O TRIPP SCOTT, P.A. 110 SE 6TH ST., 15TH FLOOR FT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 </div> <div> Make check payable to Florida Department of State </div> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M. P. TECHNICAL SERVICES, INC. PO BOX 810515 BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOLD CONTROLS, INC. 4540 ATWATER COURT, #112 BUFORD, GA 30518	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOLD CONTROLS, INC. 4540 ATWATER COURT, #112 BUFORD, GA 30518	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOLD CONTROLS, INC. 4540 ATWATER COURT, #112 BUFORD, GA 30518	<input type="checkbox"/> Delete			
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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: _____ Michael Powell, Pres. 4/30/08 336-262-6178 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					
MP Technical Services, Inc. Managing Member					