

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000022489 1. Entity Name ARIES-STAR, LLC					
Principal Place of Business 5080 BAYOU BLVD. PENSACOLA FL 32503			Mailing Address 5080 BAYOU BLVD. PENSACOLA FL 32503		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 20-0686800		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent ORTEGA, TEODORO K 5080 BAYOU BLVD. PENSACOLA FL 32503		
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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007		U00000655063 03/13/07-80092-004 50.00			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ORTEGA, TEODORO K 5080 BAYOU BLVD PENSACOLA FL 32503	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ORTEGA, ESTELA R 5080 BAYOU BLVD PENSACOLA FL 32503	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	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 exemptions contained in Section 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: <u>Teodoro K Ortega Manager</u> 2-27-2007 850-477-4074					



1st MOORE CR2E083 (10/06)