

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000027347

FILED
Aug 28, 2008
Secretary of State

Entity Name: STARBRIGHT SOLUTIONS L.L.C.

Current Principal Place of Business:

200 SW FIRST AVENUE
SUITE 850
FORT LAUDERDALE, FL 33301

Current Mailing Address:

200 SW FIRST AVENUE
SUITE 850
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

101 S. FT. LAUDERDALE BEACH BLVD
SUITE 2105
FORT LAUDERDALE, FL 33316

New Mailing Address:

101 S. FT. LAUDERDALE BEACH BLVD
SUITE 2105
FORT LAUDERDALE, FL 33316

FEI Number: 20-0306368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBLES, CARLOS F
200 SW FIRST AVENUE
SUITE 850
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

ROBLES, CARLOS F
101 S. FT. LAUDERDALE BEACH BLVD
SUITE 2105
FORT LAUDERDALE, FL 33316 US

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.

SIGNATURE:

08/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: ROBLES, CARLOS F
Address: 200 SW FIRST AVENUE, SUITE 850
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: ROBLES, CARLOS F
Address: 101 S. FT. LAUDERDALE BEACH BLVD #2105
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLOS F. ROBLES

CEO

08/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date