


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90037 039 ****50.00

DOCUMENT # L03000035671	
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1. Entity Name
STAR VENTURES, LLC

Principal Place of Business
7800 US HWY 17-92
SUITE 182
FERN PARK, FL 32130

Mailing Address
9494 SW FRWY
SUITE 500
HOUSTON, TX 77074

60032190



2. Principal Place of Business - No P.O. Box # 151 Southhall Lane Suite, Apt. #, etc. SUITE 240 City & State Maitland, FL Zip 32751	3. Mailing Address 151 Southhall Lane Suite, Apt. #, etc. SUITE 240 City & State Maitland, FL Zip 32751
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02222007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0263333
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RAJAN, ARIF MGMR 587 E. STATE RD. LONG WOOD, FL 32750	7. Name and Address of New Registered Agent Name Hendry, Stoner, Calandrino + Brown P.A. Street Address (P.O. Box Number is Not Acceptable) 20 N. ORANGE AVENUE SUITE 600 City Orlando FL Zip Code 32801
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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. **Hendry, Stoner, Calandrino + Brown, P.A.**

SIGNATURE **By: [Signature]** (NOTE: Registered Agent signature required when reinstating) DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAJAN, ARIF 7800 US HWY 17-92 SUITE 182 FERN PARK, FL 32730 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 151 Southhall Lane, SUITE 240 Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEMANI, ALTA 587 E. STATE RD. #343 LONG WOOD, FL 32750 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 redeiver 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 #