

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 30 AM 8:53

DOCUMENT # L03000042358

1. Entity Name
NORSTAR INDUSTRIES, LLC



Principal Place of Business
1407 S.W. 8 STREET
POMPANO BEACH, FL 33069

Mailing Address
1407 S.W. 8 STREET
POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

07062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0360582

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAY, LARRY E
2247 PALM BEACH LAKES BLVD., SUITE 229
WEST PALM BEACH, FL 33409

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGR
LUNEBURG, KAREN
STREET ADDRESS
18 LOWER CROSS ROAD
CITY-ST-ZIP
GREENWICH, CT 06831

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT 2005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200060604022
10/14/05--01006--016 **50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Karen Luneburg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/8/05

Date

Daytime Phone #