

02-10-2004 90133 001 ***100.00

DOCUMENT # L03000042366

1. Entity Name

NORTHERN STARS, LLC

Principal Place of Business

1811 NO. DIXIE HIGHWAY
WEST PALM BEACH, FL 33407

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Mailing Address

1811 NO. DIXIE HIGHWAY
WEST PALM BEACH, FL 33407

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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

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 May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE

MGR

☐ Delete

NAME

LUNEBURG, KAREN

STREET ADDRESS

18 LOWER CROSS ROAD

CITY-ST-ZIP

GREENWICH, CT. 06831

10. ADDITIONS/CHANGES

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

ROBERT K. McCarney CFO

2/2/04

800-832-3881

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

Date

Daytime Phone #

02-10-2004 90133 001 ***100.00

34000042366

02032004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-0360640

☐ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

SECRETARY OF STATE

FLORIDA