2008 LIMITED LIABILITY COMPANY

Mar 31, 2008 08:00 Al **ANNUAL REPORT Secretary of State** DOCUMENT # L03000045231 1. Entity Name STARR, LLC Principal Place of Business Mailing Address 110 MEDICAL DR **POB 490** DOTHAN, AL 36303 DOTHAN, AL 36302 The Children Market Commission of the Children Commission of Commission Commission Commission (Children Children CR2E083 (12/07) 03272008 No Cha-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0052019 Not Applicable \$5.00 Additional 5. Certificate of Status Desired No 1886 March & March and Galland Color of the Color of t Fee Required 6. Name and Address of Current Registered Agent O NOT WRITE STEPHENS, JEFFREY M 4507 FURLING LANE IN THIS SPACE SUITE 210 DESTIN, FL 32541 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 regulared when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000873839 <u>04710708-80096-004_138.</u> MANAGING MEMBERS/MANAGERS TOWARD A CONTRACT BY A SALES OF THE PART OF THE PARTY OF 9. MGRM TITLE NAME PARSONS, DAVID W 110 MEDICAL DR STREET ADDRESS PATSAR PASSAR PASSAR PARAMERAN PARAMERAN PASSAR CITY-ST-ZIP DOTHAN, AL 36303 TITLE i di Minin Galegia di kangan di kabapatan kangan bangan di kangan bangan bangan bangan bangan bangan bangan ba NAME STREET ADDRESS CITY-ST-ZIP ti di Maria di Santa TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP akkarytostuk IN THIS SPACE TITLE NAME Sale Sale Section (Section of Application of the Section of the Se STREET ADDRESS . No de la composição de l CITY-ST-ZIP TITLE The Roll of the Control of the State of the Control NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME INING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

11. I hereby certify that the infor indicated on this report is to

limited liability company or

CITY-ST-7IP

3-21-08

ation supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information 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

receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED