## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000008868

Address:

City-St-Zip:

Entity Name: SOLAR STAR SYSTEMS LLC

FILED Jan 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 47 NORTH KROME AVE 143 NORTH FLAGLER AVE AVE HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 **Current Mailing Address: New Mailing Address:** 47 NORTH KROME AVE 143 NORTH FLAGLER AVE AVE HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 FEI Number: 20-0676150 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: CAMARILLO, JOSE CAMARILLO, JOSE 47 NORTH KROME AVE 143 NORTH FLAGLER AVE AVE HOMESTEAD, FL 33030 US HOMESTEAD, FL 33030 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: JOSE CAMARILLO 01/14/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: **MGNR** Title: () Delete (X) Change ( ) Addition CAMARILLO, JOSE CAMARILLO, JOSE Name: Name: 47 NORTH KROME AVE Address: 143 NORTH FLAGLER AVE AVE Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: HOMESTEAD, FL 33030 Title: Title: MGNR ( ) Change (X) Addition ( ) Delete Name: Name: FINOCCHIARO, SALVATORE Address: Address: 143 NORTH FLAGLER AVE AVE City-St-Zip: City-St-Zip: HOMESTEAD, FL 33030 Title: () Delete Title: MGNR ( ) Change (X) Addition TALARICO, LEONARD Name: Name: Address: Address: 143 NORTH FLAGLER AVE AVE City-St-Zip: City-St-Zip: HOMESTEAD, FL 33030 Title: () Delete Title: MGNR ( ) Change (X) Addition LUGO, OSCAR Name: Name:

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.

Address:

City-St-Zip:

143 NORTH FLAGLER AVE AVE

HOMESTEAD, FL 33030

SIGNATURE: JOSE CAMARILLO MGNR 01/14/2009