

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90145 027 ****50.00

DOCUMENT # L04000014010

1. Entity Name

STAR FARM LLC



Principal Place of Business

490 SOUTH COUNTY ROAD 115
BUNNELL FL 32110
US

Mailing Address

490 SOUTH COUNTY ROAD 115
BUNNELL FL 32110
US

2. Principal Place of Business

490 S.C.R. 115
Suite, Apt. #, etc.

3. Mailing Address

490 S.C.R. 115
Suite, Apt. #, etc.

City & State

Bunnell, FL

Zip
32110

Country

Flagler

City & State

Bunnell, FL

Zip
32110

Country

Flagler

4. FEI Number

51-0497943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

RAIMONDO, JOSEPH A
490 SOUTH COUNTY ROAD 115
BUNNELL FL 32110

7. Name and Address of New Registered Agent

Name

Joseph A. Raimondo

Street Address (P.O. Box Number is Not Acceptable)

490 S.C.R. 115

City

Bunnell

FL

Zip Code

32110

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

2-2-06

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME MGRM
RAIMONDO, JOSEPH A
STREET ADDRESS 490 SOUTH COUNTY ROAD 115
CITY - ST - ZIP BUNNELL FL 32110 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
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STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 receiver 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 #

2-2-06 931-0615