## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jul 11, 2005 8:00 am Secretary of State **DOCUMENT # L04000017817** 07-11-2005 90045 024 \*\*\*\*50.00 STARR & FOX INTERIOR DESIGN LLC Principal Place of Business Mailing Address 1238 S ORANGE AVENUE 1238 S ORANGE AVENUE SARASOTA, FL 34239 SARASOTA, FL 34239 2. Principal Place of Business 3. Mailing Address 1238 S. Orange Same Suite, Apt. #, etc. Suite, Apt. #, etc. 07072005 Cha-LLC CR2E083 (10/03) City & State Applied For City & State 4. FEI Number Barasota 20+0828217 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STARR, JENNIFER A Street Address (P.O. Box Number is Not Acceptable) 1238 S ORANGE AVENUE SARASOTA, FL 34239 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. uired when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State 9. ADDITIONS/CHANGES 10. TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TTTLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS COY-SY-7IP 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. IE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

**FILED**