

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034605

FILED  
Jun 17, 2009  
Secretary of State

Entity Name: THEVSTAR CREATIONS, LLC

**Current Principal Place of Business:**

1500 BAY ROAD  
UNIT 716 SOUTH  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1500 BAY ROAD  
UNIT 716 SOUTH  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STARK, STEVEN E ESQ  
1500 BAY ROAD  
UNIT 716 SOUTH  
MIAMI BEACH, FL 33139 US

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STARK, STEVEN E  
Address: 1500 BAY ROAD, UNIT 716 SOUTH  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete  
Name: THEVENIN, DEBORAH M  
Address: 1500 BAY ROAD, UNIT 716 SOUTH  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: STEVEN E. STARK

MGR.

06/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date