

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-02-2005 90094 035 ****50.00

DOCUMENT # L04000051713					
1. Entity Name STAR DENIM LLC					
Principal Place of Business 777 NW 72ND AVENUE SUITE 2 PLAZA 4 MIAMI, FL 33126			Mailing Address 777 NW 72ND AVENUE SUITE 2 PLAZA 4 MIAMI, FL 33126		
2. Principal Place of Business			3. Mailing Address		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				4. FEI Number 201794471	
Applied For				Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AKIBA, ELIE 777 NW 72ND AVENUE SUITE 2 PLAZA 4 MIAMI, FL 33126				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AKIBA, ELIE 777 NW 72ND AVENUE SUITE 2 PLAZA 4 MIAMI, FL 33126	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					

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