

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90005 014 \*\*\*\*50.00

**DOCUMENT # L05000004493**

1. Entity Name

**PÖLESTAR CONSTRUCTION OF FLORIDA, LLC**



Principal Place of Business

1979 N.E. 147TH TERRACE  
N. MIAMI FL 33181

Mailing Address

2653 AUBURN RD.  
AUBURN HILLS MI 48326



2. Principal Place of Business

307 SOUTH 21ST AVE.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

HOLLYWOOD, FL

City & State

4. FEI Number

20-1740383

Applied For

Not Applicable

Zip

33020

Country

US

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAUN, FREDERICK C P.A.  
950 N. FEDERAL HIGHWAY, SUITE 100  
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

ANDREW CUEVAS

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

CUEVAS + ORTIZ, P.A.

536 BILTMORE WAY

CORAL WAY

FL

Zip Code

33134

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]*

AARON BANACH

2/27/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME BANACH, AARON A  
STREET ADDRESS 71761 E. POND CREEK  
CITY-ST-ZIP ROMEO MI 48065

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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]*

AARON BANACH

2/27/06

248-299-9230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #