

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 07, 2007 08:00 A
Secretary of State**DOCUMENT # L05000027312**1. Entity Name
STAR COFFEE, LLCPrincipal Place of Business
**2275 SOUTH FEDERAL HWY
#380
DELRAY BEACH, FL 33483**Mailing Address
**2275 SOUTH FEDERAL HWY
#380
DELRAY BEACH, FL 33483**

04252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
20-2539774Applied For
Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required**6. Name and Address of Current Registered Agent****RODRIGUEZ, ANDRES
2275 SOUTH FEDERAL HWY
#380
DELRAY BEACH, FL 33483****DO NOT WRITE
IN THIS SPACE**

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 withdrawing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007****9. MANAGING MEMBERS/MANAGERS**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
RODRIGUEZ, ANDRES
2275 S FEDERAL HWY, #380
DELRAY BEACH, FL 33483**U00000762584
05/29/07-80017-003 50.00TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 recorder or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE: _____

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

Date

Filing Fee