

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000030682

Entity Name: STAR SOURCING LLC

FILED
May 31, 2007
Secretary of State

Current Principal Place of Business:

540 NW 214 STREET, UNIT 202
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 16801
PLANTATION, FL 33318

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:

KOLADE CHARLES AKINMULERO
540 NW 214 STREET
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

AKINMULERO, KOLADE C
540 NW 214 STREET
MIAMI, FL 33169 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: AKINMULERO, KOLADE, C

05/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AKINMULERO, SHARIE
Address: 540 NW 214 STREET, UNIT 202
City-St-Zip: MIAMI, FL 33169

Title: MGRM () Delete
Name: KOLADE CHARLES AKINM, ULERO
Address: 540 NW 214 STREET, UNIT 202
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: AKINMULERO, KOLADE C
Address: 540 NW 214 STREET, UNIT 202
City-St-Zip: MIAMI, FL 33169

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: AKINMULERO, KOLADE, C

MGRM

05/31/2007

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