

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # L05000049448

1. Entity Name
NOORDSTAR DEVELOPMENT, LLC



Principal Place of Business
1109 PINELLAS BAYWAY S #402
TIERRA VERDE, FL 33715

Mailing Address
1109 PINELLAS BAYWAY S #402
TIERRA VERDE, FL 33715



02282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0544112	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NOORDSTAR, CHRISTINA
1109 PINELLAS BAYWAY S #402
TIERRA VERDE, FL 33715

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOORDSTAR, CHRISTINA 1109 PINELLAS BAYWAY S #402 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOORDSTAR, QUINT 1109 PINELLAS BAYWAY S #402 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000863446
04/03/08-80092-005 138.75

**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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Christina Noordstar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/3/15/08 (813) 817-6019