

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**

07 MAR 21 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L05000060993**

1. Entity Name  
STAR OPPORTUNITY GROUP, LLC



Principal Place of Business  
8181 NW 36TH STREET #23-24  
MIAMI, FL 33166

Mailing Address  
8181 NW 36TH STREET #23-24  
MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #  
18934 S. Dixie Hwy  
Suite, Apt. #, etc.

3. Mailing Address  
18934 S. Dixie Hwy  
Suite, Apt. #, etc.

City & State  
Miami FL 33157

City & State  
Miami FL 33157

Zip  
33157

Country  
USA

Zip  
33157

Country



03192007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CALDERIN, NORBE 19360 SW 114 CT MIAMI, FL 33157		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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$200.00**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR CALDERIN, NORBE 19360 SW 114 CT MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 400095253264 03/29/07--01057--013 **200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR CALDERIN, CARIDAD 19360 SW 114 CT MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR Guillermo A. Barrios 10904 SW 109 Court Miami FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT** 206-2007

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: [Signature] 3/19/2007 305-278-9901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #