

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000066735**

1. Entity Name

ELEGANT STAR, LLC



Principal Place of Business

1441 W. 30TH ST.  
RIVIERA BEACH FL 33404

Mailing Address

1441 W. 30TH ST.  
RIVIERA BEACH FL 33404



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3194488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

DAVIS, GRIFFIN REV  
1441 W 30TH ST  
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

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, 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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: P ☐ Delete  
NAME: DAVIS, GRIFFIN REV  
STREET ADDRESS: 1441 W 30TH ST  
CITY-STATE-ZIP: WEST PALM BEACH FL 33404

TITLE: S ☐ Delete  
NAME: DAVIS, HUGH  
STREET ADDRESS: 1441 W 30TH ST  
CITY-STATE-ZIP: WEST PALM BEACH FL 33404

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
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TITLE: ☐ Delete  
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TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS: 11000000694196  
CITY-STATE-ZIP: 04/17/07-80007-023 50.00

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-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: Rev. Griffin Davis Rev Griffin Davis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-5-07 561-842-6591  
Date Daytime Phone #