## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000071373**

1. Entity Name
SUN & STARS REALTY, LLC



FILED
Sep 09, 2008 08:00 AM
Secretary of State

Principal Place of Susiness

Mailing Address

P.O. BOX 136 4221 N CR 53 DAY, FL 32013 P.O. BOX 136 4221 N CR 53 DAY, FL 32013



## DO NOT WRITE IN THIS SPACE

09052008 No Chg-LLC CR2E08

CR2E083 (12/07)

4. FEI Number 20-3178338

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, DEBORAH L 4221 N CR 53 DAY, FL 32013

## DO NOT WRITE IN THIS SPACE

			114	ITIIS SPACE	
	named entity submits this statement for ions of registered agent.	the purpose of changing its registere	ed office or registered agent, or bot	th, in the State of Florida. I am familiar with, and acco	ept
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with s. 607.1 liability company did not rec	93(2)(b), F.S., the limited eive the prior notice.		
9.	MANAGING MEMBEI	RS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWARD, DEBORAH L P.O. BOX 136 DAY, FL 32013				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	U00000959353 09/09/08-80006-021 138.75	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN <sup>-</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TOTALE					

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:

NAME STREET ADDRESS CITY-ST-ZIP

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

Date

Daytime Phone #