

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/1

FILED
May 22, 2006 8:00 am
Secretary of State

04-12-2006 90022 007 ****50.00

DOCUMENT # L05000072904

1. Entity Name

STARPOINTE MORTGAGE LLC



Principal Place of Business

8300 HALL ROAD
UTICA MI 48317

Mailing Address

8300 HALL ROAD
UTICA MI 48317

2. Principal Place of Business

100 West Big Beaver

Suite, Apt. #, etc.

Suite 500

City & State

Troy, MI

48084

Country
USA

3. Mailing Address

100 West Big Beaver

Suite, Apt. #, etc.

Suite 500

City & State

Troy, MI

48084

Country
USA

4. FEI Number

20-1028547

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

RAE, SHAWN
1366 EIGHTIETH STREET SOUTH
ST. PETERSBURG FL 33707

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 canceling)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Michael G Cosentino	
STREET ADDRESS	344 Wingate	
CITY-ST-ZIP	Rochester MI 48307	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Amy M Cosentino	
STREET ADDRESS	344 Wingate	
CITY-ST-ZIP	Rochester, MI 48307	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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 808, Florida Statutes.

SIGNATURE:

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

Michael G Cosentino 4-1-06

Date

Daytime Phone #

248/740-1372