

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074212

FILED
Mar 20, 2009
Secretary of State

Entity Name: STAR OCEAN SERVICES, L.L.C.

Current Principal Place of Business:

1880 NW 78 AVENUE
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

1880 NW 78 AVENUE
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 20-3093721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUMAREILLE, ERIC LIONEL
1880 NW 78 AVENUE
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DUMAREILLE, THIERRY
Address: 3505 SANTA IDALIA
City-St-Zip: LOS ANGELES MISSION, TX 78572

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DUMAREILLE, THIERRY
Address: 3505 SANTA IDALIA
City-St-Zip: LOS ANGELES MISSION, TX 78572

Title: MGRM () Change (X) Addition
Name: DUMAREILLE, ERIC
Address: 1880 NW 78 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM () Change (X) Addition
Name: DUMAREILLE, ANNIE
Address: 1880 NW 78 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIC DUMAREILLE

MGRM

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date