


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

| | |
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| DOCUMENT # L05000103373 1. Entity Name STARLA, LLC |  |
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|---|---|
| Principal Place of Business 241 S. WESTMONTE DRIVE, #1010 ALTAMONTE SPRINGS, FL 32714 | Mailing Address 241 S. WESTMONTE DRIVE, #1010 ALTAMONTE SPRINGS, FL 32714 |
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DO NOT WRITE IN THIS SPACE



03182007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-3670876 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent STEPHAN, REINHARD G ESQUIRE 241 S. WESTMONTE DRIVE, #1010 ALTAMONTE SPRINGS, FL 32714 |
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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STEPHAN, REINHARD G ESQUIRE 241 S. WESTMONTE DRIVE, #1010 ALTAMONTE SPRINGS, FL 32714 |
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05/18/07-80119-018 50.00

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:  Reinhard Stephan | 4-13-07 | 407-772-3330 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |