

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90247 014 ***138.75

DOCUMENT # L06000030980

1. Entity Name
STARR AGENCY, LLC



Principal Place of Business
**721 NE US HWY 19
CRYSTAL RIVER, FL 34429**

Mailing Address
**721 NE US HWY 19
CRYSTAL RIVER, FL 34429**

60012865



DO NOT WRITE IN THIS SPACE

01242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
11-3777687

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHRISTOPHER, CHRISTOPHER V
721 NE US HWY 19
CRYSTAL RIVER, FL 34429**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **PINCKNEY, CHRISTOPHER V**
STREET ADDRESS **721 NE US HWY 19**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

TITLE
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IN THIS SPACE**

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: _____

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

3/6/08

Date

352-563-1117

Daytime Phone #