2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # L06000034631 1. Entity Name STAR PRINTING, LLC						04-30-2007	90077 0	38 ****55	5.00
Principal Place of Business 3000 HIGH RIDGE ROAD #4		Mailing Address 3000 HIGH RIDGE ROAD #4							
BOYNTON BEACH, FL 33426 US		BOYNTON BEACH, FL 33426 US		 					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272007	Chg-LLC	CR2E	083 (12/06)		
City & State		City & State		4. FEI Numbe	er .		<u> </u>	plied For t Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		Nama	7. Name and	Address of New R	egistered	Agent	
	CH, BARRY I RIDGE ROAD	Name Street Address		(P.O. Box Numbe	er is Not Acceptable)			
#4	BEACH, FL 33426		}						
	,		-	City			FL	Zip Code	3
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registere	ed office or registe	ered agent, or bot	h, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and little if applicable (NOT	E Registered	d Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007				ĺ	Make check payable to Florida Department of State				
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9. TITLE	we by May 1, 2007 MANAGING MEMBI	ERS/MANAGERS	TITLE	1		Florida	a Departn	nent of State	Addition
9.	MANAGING MEMBI MGRM NADELBACH, BARRY 3000 HIGH RIDGE ROAD #4		TITLE NAME STREE	1		Florida	a Departn	nent of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBI MGRM NADELBACH, BARRY		TITLE NAME STREE	E ET ADDRESS - ST- ZIP		Florida	a Departn	nent of State	
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBI MGRM NADELBACH, BARRY 3000 HIGH RIDGE ROAD #4	☐ Delete	TITLE NAME STREE CITY- TITLE NAME	E ET ADDRESS - ST-ZIP		Florida	a Departn	Change	Addition
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11. I hereby certify that the information supplied with this filling 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 eath; 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 MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #