


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90170 033 ***138.75

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|--|--|--|--|---|--|
| DOCUMENT # L06000078732 | | | |  | |
| 1. Entity Name STAR MESSENGER SERVICES LLC | | | | | |
| Principal Place of Business 2650 SW 27TH AVE SUITE 300 MIAMI, FL 33133 | | | Mailing Address 2650 SW 27TH AVE SUITE 300 MIAMI, FL 33133 | | |
| 2. Principal Place of Business - No P.O. Box # 655 W. FLAGLER ST Suite, Apt. #, etc. SUITE 204 City & State MIAMI, FLORIDA Zip 33130 Country USA | | 3. Mailing Address ← SAME Suite, Apt. #, etc. City & State Zip Country | | | |
| 6. Name and Address of Current Registered Agent BRITO, ALEJANDRO ESQ 100 SE 2ND STREET 2700 MIAMI, FL 33131 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR QUINTANA, ERICA 2505 WEST 76 STREET, #105 HIALEAH, FL 33016 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| <small>Date</small> | | | | <small>Daytime Phone #</small> | |

50004268



01222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5350385 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required