

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



11062008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000105154 1. Entity Name STAR, LLC			
Principal Place of Business 8062 W SAMPLE RD MARGATE, FL 33065		Mailing Address 8062 W SAMPLE RD MARGATE, FL 33065	
2. Principal Place of Business - No P.O. Box # 1925 Brickell Av Suite, Apt. #, etc. # D1811		3. Mailing Address 1925 Brickell Av Suite, Apt. #, etc. D1811	
City & State Miami FL		City & State Miami FL	
Zip 33129		Zip 33129	
Country US		Country Miami Dade	
4. FEI Number 20-8209125		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMAT, JEAN-JACQUES 1925 BRICKELL AVE #1811 MIAMI, FL 33129		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Jean Jacques AMAT</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>12.26.08</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete NAME AMAT, JEAN-JACQUES STREET ADDRESS 185 S.E. 14TH TERRACE, #2810 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 000139404730 12/31/08--01071--003 **238.75 </div>		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 2em;">REINSTATEMENT</div>		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.5em;">L. SELLERS</div>		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;">JAN - 9 2009</div>		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.5em;">EXAMINER</div>		
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: <u>Jean Jacques AMAT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		12-26-08 305 283 6984 <small>Date Daytime Phone #</small>	