2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 16 AM 8:36

DOCUMENT # L06000112088

1. Entity Name
TAMPA BAY CARSTAR BUSINESS GROUP, LLC

Principal Place of Business	Mailing Address
1819 11TH AVENUE NORTH ST. PETERSBURG, FL 33713	1819 11TH AVENUE NORTH ST. PETERSBURG, FL 33713

DO NOT WRITE IN THIS SPACE

04222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-5919500
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KAMBOURIS, STEVEN W
1819 11TH AVENUE NORTH
ST. PETERSBURG, FL 33713

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	KAMBOURIS, STEVEN W
STREET ADDRESS	1819 11TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	MGR
NAME	HABERL, FREDERICK R
STREET ADDRESS	1819 11TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900129665209
05/16/08--01009--011 **138.50

DO NOT WRITE 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: X _____ 4/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #