

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-28-2008 90032 047 ***138.75

DOCUMENT # L07000006523			
1. Entity Name STELLA MARIS LLC			
Principal Place of Business 18001 OLD CUTLER ROAD SUITE 476 MIAMI, FL 33157		Mailing Address 18001 OLD CUTLER ROAD SUITE 476 MIAMI, FL 33157	
2. Principal Place of Business - No P.O. Box # 18955 SW 168 St		3. Mailing Address 18955 SW 168 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33187		Zip 33187	
Country US		Country US	
4. FEI Number 45-0571384		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRENDES, STELLA 18001 OLD CUTLER ROAD SUITE 476 MIAMI, FL 33157		7. Name and Address of New Registered Agent Name: <u>Stella Prendes</u> Street Address (P.O. Box Number is Not Acceptable): 18955 SW 168 St City: <u>Miami</u> <u>FL</u> Zip Code: <u>33187</u>	
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>Stella Prendes</u> <u>Stella Prendes</u> DATE: <u>4/9/08</u> Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)			
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	MGRM PRENDES, ALEXANDER 18001 OLD CUTLER ROAD SUITE 476 MIAMI, FL 33157	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRENDES, STELLA 18001 OLD CUTLER ROAD SUITE 476 MIAMI, FL 33157	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRENDES, STELLA 18001 OLD CUTLER ROAD SUITE 476 MIAMI, FL 33157	☐ Delete	☐ Change ☐ 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 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>Stella Prendes</u>			

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