

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007613

Entity Name: EDMONDS STAR, LLC

FILED
Jul 01, 2009
Secretary of State

Current Principal Place of Business:

230 32ND AVE. NORTH
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

230 32ND AVE. NORTH
ST. PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 20-8323906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FOSTER, DAVID W
555 FOURTH STREET NORTH
ST. PETERSBURG, FL 33701 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EDMONDS, RONALD L
Address: 230 32ND AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGR () Delete
Name: EDMONDS, STEVEN H
Address: 230 32ND AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: EDMONDS, CLAUDIA J
Address: 230 32ND AVE. N
City-St-Zip: ST. PETERSBURG,, FL 33704 US

Title: MGR () Change (X) Addition
Name: EDMONDS, ASTARA E
Address: 230 32ND AVE N
City-St-Zip: ST. PETERSBURG, FL 33704

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLAUDIA J EDMONDS

SEC

07/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date