

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000007613

Entity Name: EDMONDS STAR, LLC

**FILED**  
**Jan 17, 2011**  
**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 ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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

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

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

I hereby 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

OWNE

01/17/2011

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