

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016138

FILED  
Apr 21, 2008  
Secretary of State

**Entity Name:** WORSHIP UNDER THE STARS LLC

**Current Principal Place of Business:**

222 N CASTLEFORD CT.  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 162616  
ALTAMONTE SPRINGS, FL 32716

**New Mailing Address:**

**FEI Number:** 20-8487453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHAW, MATTHEW J  
222 N CASTLEFORD CT.  
LONGWOOD, FL 32779 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 ( ) Delete  
Name: SHAW, JEFFREY M  
Address: 2331 CIMMARON ASH WAY  
City-St-Zip: APOPKA, FL 32703 US

Title: MGRM ( ) Delete  
Name: SHAW, DOMINICK A  
Address: 324 ALEXANDRIA PLACE DR.  
City-St-Zip: APOPKA, FL 32712 US

**ADDITIONS/CHANGES:**

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

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

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:** PAMELA B. SHAW

V. P

04/21/2008

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