

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048563

Entity Name: STAR QUALITY L.L.C.

FILED
Feb 12, 2008
Secretary of State

Current Principal Place of Business:

4667 CAVERNS DR.
KISSIMMEE, FL 34958

New Principal Place of Business:

4667 CAVERNS DR.
KISSIMMEE, FL 34758

Current Mailing Address:

4667 CAVERNS DR.
KISSIMMEE, FL 34958

New Mailing Address:

4667 CAVERNS DR.
KISSIMMEE, FL 34758

FEI Number: 83-0482891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUDSON, NELSON L
2805 EAGLES ROOST CIR
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

HUDSON, NELSON L
4667 CAVERNS DR
KISSIMMEE, FL 34758 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:

02/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUDSON, NELSON L
Address: 2805 EAGLES ROOST CIR
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM () Delete
Name: HUDSON, SHONTRELL L
Address: 2805 EAGLES ROOST CIR
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HUDSON, NELSON L
Address: 4667 CAVERNS DR
City-St-Zip: KISSIMMEE, FL 34758

Title: MGRM (X) Change () Addition
Name: HUDSON, SHONTRELL L
Address: 4667 CAVERNS DR
City-St-Zip: KISSIMMEE, FL 34758

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: NELSON L HUDSON

MGRM

02/12/2008

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