

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073758

FILED
Apr 30, 2009
Secretary of State

Entity Name: PROSTAR FINANCIAL SERVICES, LLC

Current Principal Place of Business:

3032 E. COMMERCIAL BLVD., STE. 23
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

5300 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

Current Mailing Address:

3032 E. COMMERCIAL BLVD., STE. 23
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 13-4324389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTORO, FRANK
500 WEST CYPRESS CREEK ROAD
SUITE 500
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

CASTORO, FRANK
5300 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308 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: FRANK CASTORO

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASTORO, FRANK
Address: 3032 E. COMMERCIAL BLVD., STE. 23
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM () Delete
Name: HARRIS, JAY
Address: 3032 E. COMMERCIAL BLVD., STE. 23
City-St-Zip: FORT LAUDERDALE, FL 33308

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: FRANK CASTORO

MGRM

04/30/2009

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