


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

7/2

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

07-25-2008 90015 048 \*\*\*138.75

<b>DOCUMENT # L07000078797</b> 1. Entity Name <b>PREMIER STARKE PROPERTIES, LLC</b>					
Principal Place of Business <b>920 LEMON BLUFF ROAD OSTEEN FL 32764</b>			Mailing Address <b>920 LEMON BLUFF ROAD OSTEEN FL 32764</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>32-3966868</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           SIGNATURE <i>[Signature]</i>  <small>Signature, typed or printed name of registered agent and the it acceptable</small> </div> <div style="width: 45%;"> <i>Michaela Starke</i>  <small>(NOTE: Registered Agent signature required when registering)</small> </div> <div style="width: 10%; text-align: right;">           DATE         </div> </div>					
<b>FILE NOW!!! FEE IS \$538.75</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 3, 2008</b>			S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input type="checkbox"/>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>president</b> <b>Kelly Starke</b> <b>920 Lemon Bluff Rd</b> <b>Osteen FL 32764</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>secretary</b> <b>Michaela Starke</b> <b>920 Lemon Bluff Rd</b> <b>Osteen FL 32764</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



2nd MOORE CR2E083 (4/08)

ATTACHMENT

30011128  
#L07000078797

Division of Corporations  
Annual report section  
Po box 6850  
Tallahassee, FL 32314

Premier Starke Properties, LLC  
920 Lemon Bluff Rd'  
Osteen Florida 32764

July 21, 2008

To whom it may concern,

About a week ago I spoke with a young lady at your office, and questioned her, as to why they were sending me a notice of intent to dissolve cards, and she asked me if I mailed in the annual report notice cards, which I had, we came to the conclusion that I never received the 1<sup>st</sup> copy of the 2008 limited liability company letter due May 1 08, she said that she would be sending me another copy and to mail the funds and this letter and the annual report once I received it, with the funds of \$138.75 and that this had just been an misunderstanding.

Thank you for your understanding.

Kelly *Thelley*  
For Premier Starke Properties, LLC

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN **22-3966868**

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>PREMIER STARKE PROPERTIES, LLC</b>		
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>920 Lemon Bluff Road</b>		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code <b>Osteen, Florida 32764</b>		5b City, state, and ZIP code
	6 County and state where principal business is located <b>Volusia County, FL</b>		
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>Kelly W. Starke, Member</b>		7b SSN, ITIN, or EIN <b>255-17-5198</b>
	8a—Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ <b>Multi-Member 1065</b>		
	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____		
	8b If a corporation, name the state or foreign country (if applicable) where incorporated <b>Florida</b>		
	9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
10 Date business started or acquired (month, day, year). See instructions. <b>08/01/07</b>		11 Closing month of accounting year <b>December</b>	
12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ <b>08/07</b>			
13 Highest number of employees expected in the next 12 months (enter -0- if none). Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.) <b>2</b>			
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____			
15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>carpentry services</b>			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note. If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			

Third  
Party  
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name	Designee's telephone number (include area code) ( )
Address and ZIP code	Designee's fax number (include area code) ( )
	Applicant's telephone number (include area code) (407) 324-1014
	Applicant's fax number (include area code) (305) 857-3700