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DIVISION OF CORPORATION

COVER LETTER

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TO: Registration Section Division of Corpora	
SUBJECT: STAR CAP	
	(Name of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Ag	gent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
MICHAEL I. BERNSTEIN, ESC	
. (Name	of Person)
MICHAEL I. BERNSTEIN, P.A (Firm/C	Company)
1688 MERIDIAN AVENUE, SU	JITE 418 Iress)
MIAMI BEACH, FLORIDA 331	and Zip Code)
	cerning this matter, please call:
MICHAEL I. BERNSTEIN, ESC	Q. at (305) 672-9544
(Name of Per	rson) (Area Code & Daytime Telephone Number)
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 32	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check	for the following amount:
	☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: STAR CAPITAL FUND, LLC				
2.	(a) Principal office address of limited liability company: 1445 WINDJAMMER WAY (Note: MUST BE STREET ADDRESS) HOLLYWOOD, FL 33019			_
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1445 WINDJAMMER WAY HOLLYWOOD, FL 33019	÷
_	/07/2		L08000035082	
3.	Dat	e of filing/registration in Florida	4. Document number	
5.	(a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
		Registered Agent:	KARINA FIRER	
		Registered Office Address:	1934 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	•
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address: MICHAEL I. BERNSTEIN, ESQ.	E
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1688 MERIDIAN AVENUE, SUITE 418	
		INCOLDE LEGISTATION LEGIST	MIAMI BEACH,FL_33139	
tha of he lia lin	nt affice (reby bilit	imited liability company is not organized under the left the change or changes are made, the Florida street of the registered agent will be identical. Or, in the calconfirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company. The provided in the articles of liability company. The provided in the articles of liability company. The provided in the articles of liability company.	address of the registered office and the business	7
		or typed name of signee)	် ယ္ သြိမ္သ	
an	i jan S. O nfirn	by accept the appointment as registered agent and as with the provisions of all statutes relative to the provisions of all statutes relative to the provisions with and accept the obligations of my position in, if this document is being filed to merely reflect a continuation that the limited liability company has been notified Munc Thus	gree to act in this capacity. I further agree to per and complete performance of my dutes, and fr as registered agent as provided for in Chapter tills.	•
(Si		re of Registered Agent)		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00