

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051441

FILED
Mar 11, 2009
Secretary of State

Entity Name: STARQUALITY CARS, LLC

Current Principal Place of Business:

5228 34TH STREET N.
ST. PETERSBURG, FL 33714 US

New Principal Place of Business:

7311 N NEBRASKA AV.
TAMPA, FL 33604 US

Current Mailing Address:

5228 34TH STREET N.
ST. PETERSBURG, FL 33714 US

New Mailing Address:

7311 N NEBRASKA AV.
TAMPA, FL 33604 US

FEI Number: 26-2669726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
12000 NORTH DALE MABRY HWY
SUITE 110
TAMPA, FL 33618 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: MGRM () Delete
Name: ALICKI, MARK
Address: 5228 34TH STREET N.
City-St-Zip: ST. PETERSBURG, FL 33714 US

Title: MGRM () Delete
Name: ALICKI, DIANA
Address: 5228 34TH STREET N.
City-St-Zip: ST. PETERSBURG, FL 33714 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALICKI, MARK
Address: 7311 N NEBRASKA AV
City-St-Zip: TAMPA, FL 33604 US

Title: MGRM (X) Change () Addition
Name: ALICKI, DIANA
Address: 7311 N NEBRASKA AV
City-St-Zip: TAMPA, FL 33604 US

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: DIANA ALICKI

MGRM

03/11/2009

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