

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000061675

Entity Name: STAR SLP, LLC.

**FILED**  
**Oct 21, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1111 SW 13 DRIVE  
BOCA RATON, FL 33486

**New Principal Place of Business:**

6507 WINFIELD BLVD  
204  
MARGATE, FL 33063

**Current Mailing Address:**

1111 SW 13 DRIVE  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 26-3294429      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NORENA, ADRIANA D  
1111SW 13 DRIVE  
BOCA RATON, FL 33486      US

**Name and Address of New Registered Agent:**

NORENA, ADRIANA D  
6507 WINFIELD BLVD  
204  
MARGATE, FL 33063      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: ADRIANA D NORENA

10/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: NORENA, ADRIANA D  
Address: 1111SW 13 DRIVE  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: NORENA, ADRIANA D  
Address: 6507 WINFIELD BLVD 204  
City-St-Zip: MARGATE, FL 33063

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: ADRIANA D NORENA

MS

10/21/2009

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