

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072000

FILED
Feb 09, 2009
Secretary of State

Entity Name: FIVE STAR MERCHANDISE LLC

Current Principal Place of Business:

609 NELSON POINT ROAD
NICEVILLE, FL 32578

New Principal Place of Business:

94 READY AVE
BUILDING B1
FORT WALTON BEACH, FL 32548

Current Mailing Address:

609 NELSON POINT ROAD
NICEVILLE, FL 32578

New Mailing Address:

94 READY AVE
BUILDING B1
FORT WALTON BEACH, FL 32548

FEI Number: 74-3262408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN DYKE, TRENT
609 NELSON POINT ROAD
NICEVILLE, FL 32578 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: VAN DYKE, TRENT
Address: 609 NELSON POINT ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: VAN DYKE, MARLINE
Address: 609 NELSON POINT ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: SIMMONS, JOAN
Address: 3620 TIGER POINT BLVD.
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TRENT VAN DYKE

MGRM

02/09/2009

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