

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000105840

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** 5 STAR LIEN AND PERMIT SERVICES, LLC

**Current Principal Place of Business:**

1787 NW 166 AVE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 841223  
PEMBROKE PINES, FL 33084

**New Mailing Address:**

**FEI Number:** 27-1134244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAIN, CLEVELAND  
1787 NW 166 AVE  
PEMBROKE PINES, FL 33028 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  
Name: BAIN, CLEVELAND  
Address: PO BOX 848351  
City-St-Zip: PEMBROKE PINES, FL 33084

I hereby 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: CLEVELAND BAIN JR

MGRM

04/20/2010

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