

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000090038

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA ALLSTARS, LLC.

**Current Principal Place of Business:**

4657 SOUTHERN BLVD.  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

4657 SOUTHERN BLVD.  
C-7  
WEST PALM BEACH, FL 33415 US

**Current Mailing Address:**

4657 SOUTHERN BLVD.  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

4657 SOUTHERN BLVD.  
C-7  
WEST PALM BEACH, FL 33415 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

HATZILOULOUDIS, JAMIE L P  
1144 S. CONGRESS AVE.  
PALM SPRINGS, FL 33406 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: VP  
Name: LITTON, KATHLEEN B  
Address: 1144 S. CONGRESS AVE.  
City-St-Zip: PALM SPRINGS, FL 33406

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: KATHLEEN LITTON                      VP                      04/04/2011

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