2000	UNIFORM BUS	INESS REPO	RT (UBR)	o) ~ 🙀					
DOCUMENT # L9900001566 *							FIL	ED.		
AMERICAN STAR ENTERPRISES, L.L.C.					SECRETARY OF STATE DIVISION OF CORPORATIONS					
Principal Place of Business Mailing Address					1	00 :	SEP-8	AM 10: (02	
-2601 EAST HENRY AVE. 311 NORTH NEWPORT A			AVENUE						21	
TAMPA PL 33810 SUITE 100 311 N. NEWPORT AUE TAMPA FL 33806-1323								,	П	
Suite 100 TAMPA, FL 33606-1323					}		11			
Principal Place of Business Mailing Address				······································		10011011 015 10110 10111 00111	Ba iki Ba kik Ba ik	BACAN NAGU ANNA	Billia Bill (DB)	
Suite, Apt. #, etc. Suite, Apt. #, etc.				······································	1	DO NOT WE	ITE IN THIS	SPACE	/	
SULT & State	700	City & State	City & State			mbar		\	oplied For	7
	IPA, FC	City & State			4. FEI Nu			<u> </u>	t Applicable	
Zip 33406-	Country USA	Zip	Countr	у	5. Certific	cate of Status Desired		\$5.00 Add		
3,000	8. Name and Address of Current	Registered Agent			7. Name	and Address of New	Registered			1
CDATEO	C WATUEDINE			Name JACA	< S.H	AMILTON,	SR.			
FRAZIER, S. KATHERINE 101 E. KENNEDY BLVD., SUITE 9700				Street Address (P.O. Box Nu	mber is Not Acceptab	le) /E			
7AMPA FL 33601			ſ		FE 10	•				
	Man		<u> </u>	City	MPA.		FL	Zip Cod	3606-13	1,
8. The above	named apply pulpoins this statement fo	r the purpose of changing its	registered			both, in the State of F	lorida.	_1	10.00	13
SIGNATURE Signapole speed or printed righe of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	// (. 1					·
	<u>. [/ </u>	Make Check Pa		EE IS \$50.00 Department o		gen – sieden er en e	<u> استای هستندند است.</u>			
9.	MANAGING MEMBE	BS/MANAGERS	10.		<u></u>	ADDITIONS	CHANGES			1
TITLE	MGRM	☐ Delete	TITLE			ADDITION	7 OI PANGES	☐ Change	Addition	١
NAME STREET ADDRESS	HAMILTON, JACK S JR		NAME	ADDRESS		5000003	3391	245	7-2	1 2
CITY-ST-ZIP	638 GENEVA PLACE TAMPA FL 33606	•	CITY-S			ーUS/] ※※※※	(3/004 ⊛\$0_00	*******	.50.00	1 2 2
TITLE	MGRM	☐ Delete	TITLE					Change	☐ Addition]2
NAME Street address	IRANMANESH, MOHMMAD A 9311 HAMPSHIRE PARK DR.	-	NAME STREET	ADDRESS						
CITY-\$T-ZIP	TAMPA FL 33647		CITY-S	T-ZIP			 .		<u> </u>	
JITLE	The state of the s	Delete						Change		
STREET ADDRESS			STREET	ADDRESS						
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TITLE NAME		L Delete	NAME					. Change	LJ AUGRION	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS						
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NAME: Street address			NAME STREET	ADDRESS						
CITY-ST-ZIP			CITY-S	I						
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and according and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the timited liability company or the representation of the property of truestees of the property of the same legal effect as if made under oath; that I am a managing member or manager of the timited liability company or the representations.										
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SIGNAT	SIGNATURE: SIGNATURE GING TYPED OR/PRIM	TED NAME OF SIGNING MANAGING	MEMBER OR		1010		0	8 () L	<u>~~</u>	1

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