

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007466

1. Entity Name

STAR SOLUTIONS, L.L.C.

Principal Place of Business

874 BEACON STREET, N.W.
PALM BAY FL 32907

Mailing Address

874 BEACON STREET, N.W.
PALM BAY FL 32907

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

01 SEP -4 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3607297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD
STE 505
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Teal Creamery

Street Address (P.O. Box Number is Not Acceptable)

874 Beacon Street, N.W.

City

Palm Bay

FL

Zip Code

32907

8. 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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

8/23/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

000004597800-4
-03/13/01--01013--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	MGRM CREAMEAN, THEODORE L	<input type="checkbox"/> Delete
STREET ADDRESS	874 BEACON ST NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE NAME	MGRM HAYS, MARCIA S	<input type="checkbox"/> Delete
STREET ADDRESS	874 BEACON ST NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 accurate 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/23/01

321-917-5540

0002473

CR2E083 (5/01)

STAPLE CHECK HERE