

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91001 043 ****50.00

DOCUMENT # M02000003178

1. Entity Name

PRISTAR LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13400 Periwinkle Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seminole

City & State

Zip

FL

Country

US

Zip

33776

Country

4. FEI Number

74-3068298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LAVEN BLANCO

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

13400 Periwinkle Ave

City

Seminole

FL

Zip Code

33776

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

MEMBER

Douglas Bell

STREET ADDRESS

53 Fox Meadow Dr

CITY-ST-ZIP

Spicklerville, NJ 08081

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

Douglas Bell

4/17/03

727-394-7096

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

Date

Daytime Phone #

CR2E083B (12/02)