

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # M03000002716

1. Entity Name
STAR FABRICATORS, LLC



Principal Place of Business
**2900 HARTLEY RD.
JACKSONVILLE, FL 32257**

Mailing Address
**2900 HARTLEY RD.
JACKSONVILLE, FL 32257**



04032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0118338

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WODRICH, MICHAEL A
1301 RIVERPLACE BLVD, STE 1500
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

11000000883656
04/22/08-80022-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FOSTER, RONALD H JR.
2900 HARTLEY RD.
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LIEBENDORFER, KURT M
2900 HARTLEY RD
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NETTING, MICHAEL D
2900 HARTLEY RD
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WITT, SCOTT V
2900 HARTLEY RD
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #