## M0800000 4164

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<del>.</del> .
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	

A. LUNT

APR 10 2009

**EXAMINER** 

Office Use Only



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04/08/09--01026--010 \*\*35.00.

## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

SUBJECT: Capstar Industries, LLC

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER: M08000004164** 

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Donald R. Babb

(Contact Person)

Capstar Industries, LLC

(Firm/Company)

7125 Turner Rd. Ste. # 102

(Address)

Rockledge, FL32955

(City, State and Zip Code)

For further information concerning this matter, please call:

Donald R. Babb

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS04 (01/06)

MAILING ADDRESS

Registration Section **Division of Corporations** P. O. Box 6327

Tallahassee, FL 32314

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to

Capstar Industries, LLC	
*	Limited Liability Limited Partnership
2 September 12, 2008	<sub>3.</sub> M08000004164
Date of filing/registration in Florida	Florida document number
	red office address as shown on the records of the Florida
Department of State:  Ralph V. Ruth	
Department of State:  Ralph V. Ruth	Name LCR
Ralph V. Ruth 7125 Turner Rd.	Name LCF

5. The name and Florida street address of the new registered agent and/or office:

Donald R. Babb Name

7125 Turner Rd. Ste. # 102

Florida street address (P.O. Box not acceptable)

City, State and Zip

Rockledge

City, State and Zip

is/are effective when filed by the Florida Department of State. 6. Such

General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an except the oblightions of my position as registered agent.

Filing Fee:

\$35.00

Certified Copy (optional): \$52.50