**File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 14 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| FILING FEE $ 188.75 | Annual Report $100.00 + $88.75 Corporation Supplemental Fee<br>Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
|---|---|

**DOCUMENT #** M98000000071

1. Name and Mailing Address of Limited Liability Company

STAR FISHING TACKLE, LLC
LITTLE NINE DRIVE
MOREHEAD CITY FL 28557

1a. Principal Place of Business Address

8538 NW 64TH STREET
MIAMI FL 33166

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

3. Date Organized or Qualified: 01/22/1998
3a. State of Formation: NC
4. FEI Number: 56-2060036 ☐ Applied For ☐ Not Applicable
5. Date of Last Report: 03/02/1998
6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

HELLER, BARRY
8538 NW 64TH STREET
MIAMI FL 33166

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc
City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required if changing agent)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|---|---|---|---|
| MGR | HENRY, TROY D JR | LITTLE NINE DR. | MOREHEAD CITY NC |

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****188.75 ****188.75

APR 19 1999

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** Troy D Henry Jr 5-10-99 252-247-1005
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WITH AUTHORITY (MEMBER OR MANAGER) DATE DAYTIME PHONE #

JNHSE10 R (12-98)