

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000047923

**Entity Name:** PURPLE STARFISH LLC

**Current Principal Place of Business:**

22287 MORRIS AVENUE  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

P O BOX 495425  
PORT CHARLOTTE, FL 33949 US

**FEI Number:** 26-2621215

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ECHEVARRIA, SARAH S  
22287 MORRIS AVENUE  
PORT CHARLOTTE, FL 33952 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ECHEVARRIA, SARAH S  
Address 22287 MORRIS AVENUE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title MGRM  
Name ECHEVARRIA, FRANK  
Address 22287 MORRIS AVE  
City-State-Zip: PORT CHARLOTTE FL 33952

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SARAH ECHEVARRIA

MGRM

04/24/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date