

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000016504

**FILED**  
**Feb 15, 2016**  
**Secretary of State**  
**CC9813891354**

**Entity Name:** STAR LAKEBUENAVISTA, LLC

**Current Principal Place of Business:**

6342 DAYS BROOK DR  
UNIT 106  
ORLANDO, FL 32835

**Current Mailing Address:**

6342 DAYS BROOK DR  
UNIT 106  
ORLANDO, FL 32835 US

**FEI Number:** 26-1949338

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING & CONSULTING SERV., LLC  
8615 COMMODITY CIRCLE  
SUITE 06  
ORLANDO, FL 32819 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	MGR	Title	MGRM
Name	DUARTE, JAIR	Name	DUARTE, MARIA TERESA
Address	6342 DAYS BROOK DR UNIT 106	Address	6342 DAYS BROOK DR UNIT 106
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835
Title	AMBR	Title	AMBR
Name	MARTINELLI DUARTE, RENATA	Name	MARTINELLI DUARTE, FABIO
Address	6342 DAYS BROOK DR UNIT 106	Address	6342 DAYS BROOK DR UNIT 106
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835

*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:** DUARTE, JAIR

**MANAGER**

**02/15/2016**

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