

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000072215

**Entity Name:** SIX STARS, LLC

**Current Principal Place of Business:**

100 SOUTH POINTE DRIVE  
SUITE 1807  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

100 SOUTH POINTE DRIVE  
SUITE 1807  
MIAMI BEACH, FL 33139 US

**FEI Number:** 46-5578917

**Certificate of Status Desired:** No

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

YORMACK, P.A.  
1200 BRICKELL AVENUE  
PH 1950  
MIAMI, FL 33131 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            MG.M  
Name            FRIEDMAN, SEMYON D DR.  
Address        100 SOUTH POINTE DR., SUITE 1807  
City-State-Zip: MIAMI BEACH FL 33139

Title            SVP  
Name            FRIEDMAN, JANNA S  
Address        100 SOUTH POINTE DR., APT. #  
                  1870ST  
City-State-Zip: MIAMI BEACH FL 33139

Title            SEC  
Name            FRIEDMAN, ALEXANDER S  
Address        9 PROSPECT PARK WEST, APT. # 11-  
                  C  
City-State-Zip: BROOKLYN NY 11215

Title            VP  
Name            FRIEDMAN-PEREMEL, JULIA  
Address        7 HERNDON AVENUE  
City-State-Zip: ANNAPOLIS MD 21403

*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:** SEMYON D. FRIEDMAN

**MANAGER**

**01/09/2017**

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

\_\_\_\_\_  
Date