

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000040073

**Entity Name:** VSTAR FINANCIAL, LLC**Current Principal Place of Business:**5805 BLUE LAGOON DR STE 300  
MIAMI , FL 33126**Current Mailing Address:**PO BOX 660685  
MIAMI, FL 33266 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALDES, DAVID  
5805 BLUE LAGOON DR STE 300  
MIAMI, FL 33266 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	AMBR
Name	VALDES, PIA
Address	PO BOX 660685
City-State-Zip:	MIAMI FL 33266

Title	AMBR
Name	VALDES, ALFREDO
Address	PO BOX 660685
City-State-Zip:	MIAMI FL 33266

Title	AMBR
Name	VALDES, ALFREDO JR
Address	PO BOX 660685
City-State-Zip:	MIAMI FL 33266

Title	AMBR
Name	VALDES, RICHARD
Address	PO BOX 660685
City-State-Zip:	MIAMI FL 33266

Title	AMBR
Name	VALDES, DAVID
Address	PO BOX 660685
City-State-Zip:	MIAMI FL 33266

*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:** ALFREDO VALDES**PRESIDENT****02/26/2016**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date