

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000040073

Entity Name: VSTAR FINANCIAL, LLC**Current Principal Place of Business:**8151 NW 74 AVENUE
MIAMI , FL 33166**Current Mailing Address:**PO BOX 660685
MIAMI , FL 33266 US**FEI Number:** 47-3338806**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALDES, ALFREDO
2375 NW 70TH AVE
B10
MIAMI , FL 33122 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:** ALFREDO VALDES

06/24/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

P

06/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date