

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000071027

**Entity Name:** MELISSA & STARLING'S PERFORMING ARTS AND TUTORING  
L.L.C.

**FILED**  
**Apr 08, 2020**  
**Secretary of State**  
**2183621233CC**

**Current Principal Place of Business:**

801 N CONGRESS AVE  
377  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

922 SW 11TH TERR  
DELRAY BEACH, FL 33444

**FEI Number: 47-3598815**

**Certificate of Status Desired: Yes**

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

WILLIAMS, MELISSA  
922 SW 11TH TERR  
DELRAY BEACH, FL 33444 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 DIRECTOR  
Name STARLING, MALINDA  
Address 922 SW 11TH TERR  
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR  
Name WILLIAMS, MELISSA  
Address 922 SW 11TH TERR  
City-State-Zip: DELRAY BEACH FL 33444

Title MANAGER  
Name CLARK, CHARLOTTE E  
Address 922 SW 11TH TERR  
City-State-Zip: DELRAY BEACH FL 33444

*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: MALINDA S STARLING**

**DIRECTOR**

**04/08/2020**

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

\_\_\_\_\_  
Date