

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000190134

**FILED  
Jan 30, 2017  
Secretary of State  
CC7250815040**

**Entity Name:** STELLAR VILLAS LLC

**Current Principal Place of Business:**

8 THORNTREE CLOSE  
DARRINGTON  
PONTEFRACT, WEST YORKSHIRE WF8 3DQ

**Current Mailing Address:**

8 THORNTREE CLOSE  
DARRINGTON  
PONTEFRACT, WEST YORKSHIRE WF8 3DQ GB

**FEI Number:** 61-1778084

**Certificate of Status Desired:** No

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

HOWELL, SIMON B  
8701 W. IRLO BRONSON MEMORIAL HWY  
SUITE 100  
KISSIMMEE, FL 34747 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            MCARDLE, PAUL  
Address        8 THORNTREE CLOSE  
                  DARRINGTON  
City-State-Zip: PONTEFRACT WEST YORKSHIRE  
                  WF8 3DQ

Title            AMBR  
Name            MCARDLE, SUSAN  
Address        8 THORNTREE CLOSE  
                  DARRINGTON  
City-State-Zip: PONTEFRACT WEST YORKSHIRE  
                  WF8 3DQ

*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:** PAUL MCARDLE

AMBR

01/30/2017

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

\_\_\_\_\_  
Date