

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000193388

**Entity Name:** 5 STAR THERAPY LLC

**Current Principal Place of Business:**

1221 SANDPIPER BLVD  
HOMESTEAD, FL 33035

**Current Mailing Address:**

1221 SANDPIPER BLVD  
HOMESTEAD, FL 33035 US

**FEI Number:** 81-2754291

**Certificate of Status Desired:** No

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

ADEGA, ALBERTO T  
1221 SANDPIPER BLVD  
HOMESTEAD, FL 33035 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 P  
Name ADEGA, ALBERTO T  
Address 1221 SANDPIPER BLVD  
City-State-Zip: HOMESTEAD FL 33035

*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:** ALBERTO ADEGA

**PRESEDENT**

**04/15/2017**

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

\_\_\_\_\_  
Date