Name and Jess of Current Registered Agent: FLORES, ARIEL TA AZALEA DR DESTIN, FL 325J JUB 2000 ARIEL FLORES ORTIZ ARIEL FLORES ORTIZ Celetronic Signature of Registered Agent Date Authorized Title AMBR Name FLORES ORTIZ, ARIEL Name FLORES ORTIZ, ARIEL Address 56 KELLY STREET	FEI Nullidel. 82-3312036			Certificate of Status Des	Irea: NO	
174 AZALEA DR DESTIN, FL 32541 US The above name untity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: ARIEL FLORES ORTIZ 04/12/2023 Electronic Signature of Registered Agent Date Authorized Person(s) Detail : Title AMBR Title AMBR Name FLORES ORTIZ, ARIEL Name BARRIGA, MIGUEL	Name and Address of Current Registered Agent:					
SIGNATURE: ARIEL FLORES ORTIZ 04/12/2023 Electronic Signature of Registered Agent Date Authorized Person(s) Detail : Title AMBR Name FLORES ORTIZ, ARIEL Name FLORES ORTIZ, ARIEL	174 AZALEA DR					
Electronic Signature of Registered Agent Date Authorized Person(s) Detail : Title AMBR Title AMBR Title AMBR Name FLORES ORTIZ, ARIEL Name BARRIGA, MIGUEL	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.					
Authorized Person(s) Detail : Title AMBR Name FLORES ORTIZ, ARIEL	SIGNATUR	E: ARIEL FLORES ORTIZ			04/12/2023	
TitleAMBRTitleAMBRNameFLORES ORTIZ, ARIELNameBARRIGA, MIGUEL		Electronic Signature of Registered Agent			Date	
Name FLORES ORTIZ, ARIEL Name BARRIGA, MIGUEL	Authorized Person(s) Detail :					
	Title	AMBR	Title	AMBR		
Address 566 KELLY STREET Address 631 SANDALWOOD DR	Name	FLORES ORTIZ, ARIEL	Name	BARRIGA, MIGUEL		
	Address	566 KELLY STREET	Address	631 SANDALWOOD DR		

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000228421

Entity Name: 5 STAR STUCCO & RENOVATIONS LLC

Current Principal Place of Business:

174 AZALEA DR DESTIN, FL 32541

Current Mailing Address:

174 AZALEA DR DESTIN. FL 32541 US

FEI Number: 82-3312038

City-State-Zip: DESTIN FL 32541

Na

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: ARIEL FLORES ORTIZ

AMBR

City-State-Zip: DESTIN FL 32541

04/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 12, 2023 Secretary of State 1303277167CC

Cartificate of Status Desired: No.