

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000359220

Entity Name: NINE STAR HOLDINGS LLC

Current Principal Place of Business:

9140 GOLFSIDE DR, STE 9N
STE 9N
JACKSONVILLE, FL 32256

Current Mailing Address:

10980 WOOD EDEN CT.
JACKSONVILLE, FL 32256 US

FEI Number: 85-4388222

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOGIPARTHY, SREEDHAR
3113 E. BANISTER ROAD
ST. AUGUSTINE, FL 32092 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 MANAGER
Name KUNDA, JAGADEESH
Address 22759 SE 33RD CT
City-State-Zip: SAMMAMISH WA 98075

Title MMBR
Name DOGIPARTHY, SREEDHAR
Address 3113 E. BANISTER READ
City-State-Zip: ST. AUGUSTINE FL 32092

Title MGR
Name MITTAPALLI, SURESH
Address 10980 WOOD EDEN CT.
City-State-Zip: JACKSONVILLE FL 32256

Title MMBR
Name TALLAM, SREE L
Address 22470 WINDING WEEDS WAY
City-State-Zip: CLARKSBURG MD 20871

Title MMBR
Name CHARUGUNDLA, ANIL
Address 2180 PARK PLACE CIR
City-State-Zip: ROUND ROCK TX 78681

Title MMBR
Name SATYAVARAPU, RAVI K
Address 969 W TENNESSEE TRCE
City-State-Zip: SAINT JOHNS FL 32259

Title MANAGER
Name BACHU, MAHESHWAR
Address 6474 GREENLAND CHASE DR.
City-State-Zip: JACKSONVILLE FL 32258

Title MANAGER
Name MADISETTI, LEELA
Address 65 FOUNTAYNE LANE
City-State-Zip: LAWRENCEVILLE NJ 08648

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: SREEDHAR DOGIPARTHY

MMBR

02/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date