

2023 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

MGR

03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date