

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000152616

**Entity Name:** FIVE STAR MOBILE MANAGEMENT LLC

**Current Principal Place of Business:**

17588 NE CHARLIE JOHNS STREET  
BLOUNTSTOWN, FL 32424

**Current Mailing Address:**

17588 NE CHARLIE JOHNS STREET  
BLOUNTSTOWN, FL 32424 US

**FEI Number:** 88-1739615

**Certificate of Status Desired:** No

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

ZENBUSINESS INC.  
336 E. COLLEGE AVE.  
SUITE 301  
TALLAHASSEE, FL 32301 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                          | Title           | AMBR                          |
| Name            | WEST, AUDRAH MOODY            | Name            | WILLIAMS, GRANT               |
| Address         | 17588 NE CHARLIE JOHNS STREET | Address         | 17588 NE CHARLIE JOHNS STREET |
| City-State-Zip: | BLOUNTSTOWN FL 32424          | City-State-Zip: | BLOUNTSTOWN FL 32424          |

*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:** AUDRAH WEST

**OWNER**

**04/26/2024**

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

\_\_\_\_\_  
Date