

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000356771

**Entity Name:** GOLDSTAR NURSING LLC

**Current Principal Place of Business:**

542 S COUNTRY CLUB DR  
ATLANTIS, FL 33462

**Current Mailing Address:**

542 S COUNTRY CLUB DR  
ATLANTIS, FL 33462 US

**FEI Number: 88-3876710**

**Certificate of Status Desired:** No

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

KARALI, LAUREN  
542 S COUNTRY CLUB DR  
ATLANTIS, FL 33462 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 MGR  
Name KARALI, LAUREN  
Address 542 S COUNTRY CLUB DR  
City-State-Zip: ATLANTIS FL 33462

*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: LAUREN KARALI**

**MANAGER**

**03/25/2024**

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

\_\_\_\_\_  
Date