

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000077650

**Entity Name:** STELLAR ASSIST LLC

**Current Principal Place of Business:**

3303 N LAKEVIEW DR  
TAMPA, FL 33618

**Current Mailing Address:**

4441 DOLPHIN DR  
TAMPA, FL 33617 US

**FEI Number:** 92-2435161

**Certificate of Status Desired:** No

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

WILSON, JAZMYNE C  
3303 N LAKEVIEW DR  
TAMPA, FL 33618 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            CEO  
Name            WILSON, JAZMYNE C  
Address        3303 N LAKEVIEW DR  
City-State-Zip: TAMPA FL 33618

*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:** JAZMYNE WILSON

CEO

04/15/2024

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

\_\_\_\_\_ Date