

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000205035

**Entity Name:** 5 ESTRELLAS LLC

**Current Principal Place of Business:**

1706 E SEMORAN BLVD STE 103  
C/O ACCOUNTING CENTER OF ORLANDO  
APOPKA, FL 32703

**Current Mailing Address:**

1706 E SEMORAN BLVD STE 103  
C/O ACCOUNTING CENTER OF ORLANDO  
APOPKA, FL 32703 US

**FEI Number:** 61-2086795

**Certificate of Status Desired:** No

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

GALLI, HUGO G  
1706 E SEMORAN BLVD STE 103  
C/O ACCOUNTING CENTER OF ORLANDO  
APOPKA, FL 32703 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 GALLI, HUGO G  
Address 1706 E SEMORAN BLVD STE 103  
City-State-Zip: APOPKA FL 32703

Title MGR  
Name ATTARDI, SILVIA C  
Address 1706 E SEMORAN BLVD STE 103  
City-State-Zip: APOPKA FL 32703

Title AMBR  
Name GALLI, FIORELLA  
Address 1706 E SEMORAN BLVD STE 103  
City-State-Zip: APOPKA FL 32703

Title AMBR  
Name GALLI, GIULIANA  
Address 1706 E SEMORAN BLVD STE 103, C/O  
ACCOUNTIN  
City-State-Zip: APOPKA FL 32703

*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:** HUGO GABRIEL GALLI

**MANAGER**

**04/05/2024**

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

\_\_\_\_\_  
Date