

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000499675

Entity Name: STAR LIFE CARE LLC

Current Principal Place of Business:

1150 NW 72ND AVE TOWER 1 STE 455 #13603
MIAMI, FL 33126

Current Mailing Address:

1150 NW 72ND AVE TOWER 1 STE 455 #13603
MIAMI, FL 33126 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REPUBLIC REGISTERED AGENT LLC
1150 NW 72ND AVE TOWER I
STE 455
MIAMI, FL 33126 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
Name MOLIERE, SHIRLEY
Address 1150 NW 72ND AVE TOWER 1 STE 455
#13603
City-State-Zip: MIAMI FL 33126

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: SHIRLEY MOLIERE

MEMBER

04/16/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date