

L23 000189 207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

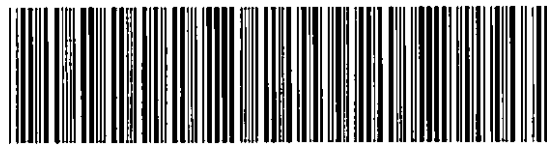
(Business Entity Name)

(Document Number)

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2023 APR 24 11:23:33

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STARS FLORIDA HOLDING LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rajen Roy

Name of Person

Firm/Company

731 Sw 72nd Ave

Address

Pembroke Pines Florida, 33023

City/State and Zip Code

Sarwan1122@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rajen Roy

Name of Person

at (954)

Area Code

937-5759

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: STARS FLORIDA HOLDING LLC

SECOND: The Florida Document Number of the limited liability company is: L23000189207

THIRD: The street address of the limited liability company's principal office is:
731 Sw 72nd Ave Pembroke Pines Florida, 33023

The mailing address of the limited liability company's principal office is:
731 Sw 72nd Ave Pembroke Pines Florida, 33023

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Rajen Roy, Sudesh Persaud

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Rajen Roy, Sudesh Persaud

b. No authority granted to: _____

Rajen Roy
Signature of authorized representative

RAJEN ROY
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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