

L 23000 251850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

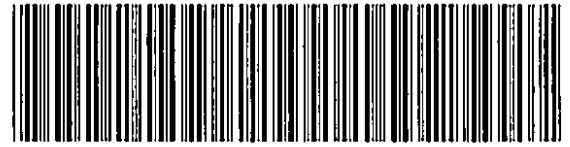
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FALLS CHURCH, VA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STARLIGHT INSURANCE GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GLORIA ELIZABETH FUENTES

Name of Person

Firm/Company

1326 West North Blvd #1

Address

Leesburg, FL 34748

City/State and Zip Code

info@starlight-insurance.com

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

For further information concerning this matter, please call:

GLORIA ELIZABETH FUENTES

407

480-8585

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

STARLIGHT INSURANCE GROUP LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

