

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000018014

Entity Name: STAR HITTERZ ENT LLC**Current Principal Place of Business:**1281 SW 4TH STREET APT #3
HOMESTEAD, FL 33030**Current Mailing Address:**1281 SW 4TH STREET APT #3
HOMESTEAD, FL 33030 US**FEI Number:** 27-5109707**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COWART, DAVID F
1281 SW 4TH STREET APT #3
HOMESTEAD, FL 33030 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 COWART, DAVID F
Address 645 SW 12 AVE
City-State-Zip: HOMESTEAD FL 33030

Title PRESIDENT
Name SANDERS, LACE
Address 27025 SW 145TH AVENUE
City-State-Zip: NARANJA FL 33032

Title AUTHORIZED MEMBER
Name OLIVER, JAUARIS
Address 1280 SW 4TH STREET, APT. 1
City-State-Zip: HOMESTEAD FL 33030

Title VP
Name JONES , BOBBIE
Address 12849 SW 252ND ST
City-State-Zip: HOMESTEAD FL 33032

Title AUTHORIZED MEMBER
Name FRIDAY, KENDALL
Address 12849 SW 252ND ST
City-State-Zip: HOMESTEAD FL 33032

Title AUTHORIZED MEMBER
Name WOODS , WOODS
Address 4610 NW 11 AVE
City-State-Zip: MIAMI FL 33127

Title SECRETARY
Name COWART , DANASIA L
Address 1281 SW 12 AVE APT #3
City-State-Zip: HOMESTEAD FL 33030

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: DAVID COWART

CEO

04/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date