

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000085053

**Entity Name:** STAR OF HOPE HEALTH SERVICES, LLC

**Current Principal Place of Business:**

1350 TENNESSEE AVE., .  
STE. B  
ST. CLOUD, FL 34769

**Current Mailing Address:**

1350 TENNESSEE AVE..  
STE. B  
ST. CLOUD, FL 34769 US

**FEI Number:** 45-2855114

**Certificate of Status Desired:** No

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

TIMONERA, PRECIOSO PMANAGER  
1350 TENNESSEE AVE..  
STE. B  
ST. CLOUD, FL 34769 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 TIMONERA, PRECIOSO P  
Address 2825 MIDDLETON CIR.  
City-State-Zip: KISSIMMEE FL 34743

Title MGRM  
Name ANG, JOVEL RAY  
Address 2756 KISSIMMEE BAY CIR.  
City-State-Zip: KISSIMMEE FL 34744

Title MGRM  
Name ONG, ISABELLE  
Address 2823 MIDDLETON CIR.  
City-State-Zip: KISSIMMEE FL 34743

*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:** PRECIOSO TIMONERA

MGR

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date