## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000170747

Entity Name: NEWSTAR MANAGEMENT, LLC

**Current Principal Place of Business:** 

550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134

**Current Mailing Address:** 

550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134

FEI Number: 47-2237969 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ECKSTEIN SCHECHTER, ROSA ESQ, 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134 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

FILED Apr 18, 2024

**Secretary of State** 

1133653122CC

Authorized Person(s) Detail :

Title MANAGER Title MANAGER

Name STERN, RODOLFO Name STERN, EDUARDO

Address 550 BILTMORE WAY, SUITE 1110 Address 550 BILTMORE WAY, SUITE 1110

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title MANAGER Title MANAGER

Name SERVIANSKY, DAVID Name HORWITZ, ROBERTO

Address 550 BILTMORE WAY, SUITE 1110 Address 550 BILTMORE WAY, SUITE 1110

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title MANAGER Title MANAGER

Name CEPERO, VIRGINIA Name SCHECHTER, ROSA ECKSTEIN
Address 550 BILTMORE WAY, SUITE 1110 Address 550 BILTMORE WAY, SUITE 1110

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

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: RODOLFO STERN MANAGER 04/18/2024