

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000186624

Entity Name: STAR THERAPY ASSOCIATES LLC

Current Principal Place of Business:

1001 SOUTHWEST 189TH AVENUE
ENCANTADA
PEMBROKE PINES, FL 33029

Current Mailing Address:

1001 SOUTHWEST 189TH AVENUE
ENCANTADA
PEMBROKE PINES, FL 33029 US

FEI Number: 81-4140715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ, KRYSTINA E
1001 SOUTHWEST 189TH AVENUE
ENCANTADA
PEMBROKE PINES, FL 33029 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 PRES
Name HERNANDEZ, KRYSTINA E
Address 1001 SOUTHWEST 189TH AVENUE
City-State-Zip: PEMBROKE PINES FL 33029

Title VP
Name HERNANDEZ, REINALDO
Address 1001 SW 189TH AVENUE
City-State-Zip: PEMBROKE PINES FL 33029

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: REINALDO HERNANDEZ

VP

01/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date