

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000009369

Entity Name: NORTH STAR HEALTHCARE CONSULTING LLC

Current Principal Place of Business:

18525 NW HWY 335
WILLISTON, FL 32696

Current Mailing Address:

18525 NW HWY 335
WILLISTON, FL 32696 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FUGATE, NORM D
248 NW MAIN STREET
WILLISTON, FL 32696 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: NORM D. FUGATE

03/13/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name ONDRA, STEPHEN
Address 18525 NW HWY 335
City-State-Zip: WILLISTON FL 32696

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: STEPHEN ONDRA

MANAGER

03/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date