### 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. 03/10/2019

SIGNATURE: JACQUELINE J ESTIME

Electronic Signature of Signing Authorized Person(s) Detail

**Current Principal Place of Business:** 255 NE 164 TERRACE MIAMI, FL 33162

# **Current Mailing Address:**

DOCUMENT# L17000053438

255 NE 164 TERRACE MIAMI, FL 33162 US

## FEI Number: 81-5275194

## Name and Address of Current Registered Agent:

ROSELINE, JEAN 480 NE 164 ST MIAMI, FL 33162 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: ROSELINE JEAN

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title	MGR
Name	ESTIME, JACQUELINE J
Address	480 NE 164 ST
City-State-Zip:	MIAMI FL 33162

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: SEVEN STARS PRODUCTS & INVESTMENTS, LLC

## FILED Mar 10, 2019 Secretary of State 8134794135CC

Certificate of Status Desired: No

03/10/2019 Date

Date

MANAGER