

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000111972

**Entity Name:** NORTH STAR FLORIDA INN, LLC

**Current Principal Place of Business:**

765 BROADVIEW AVE  
ORILLIA, ON L3V 6P1

**Current Mailing Address:**

765 BROADVIEW AVE  
ORILLIA, ON L3V 6P1 CA

**FEI Number: 82-1640941**

**Certificate of Status Desired: No**

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

CARVER, CHARLES H  
2907 BAY TO BAY BOULEVARD, SUITE 201  
TAMPA, FL 33629 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	Title	MGR
Name	MUSIL, CRAIG	Name	ROE, STACEY
Address	765 BROADVIEW AVE	Address	765 BROADVIEW AVE
City-State-Zip:	ORILLIA ON L3V 6P1	City-State-Zip:	ORILLIA ON L3V 6P1

*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: CRAIG MUSIL**

**MEMBER**

**02/01/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date