

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000119284

**Entity Name:** STTJ LLC

**Current Principal Place of Business:**

2465 S STATE RD7  
SUITE 100  
WELLINGTON, FL 33414

**Current Mailing Address:**

2465 S STATE RD7  
SUITE 100  
WELLINGTON, FL 33414 US

**FEI Number:** 82-1740226

**Certificate of Status Desired:** No

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

WUTTHIWEANGTHAM, PANITA  
3459 VANDERBILT DR.  
WELLINGTON, FL 33414 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	MANAGER	Title	AUTHORIZED MEMBER
Name	WUTTHIWEANGTHAM, PANITA	Name	WUTTIWIANGTHAM, THAWEESAK
Address	3459 VANDERBILT DR.	Address	3459 VANDERBILT DR.
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414
Title	AUTHORIZED REPRESENTATIVE		
Name	SEMENTELLI, ANN-MARIE		
Address	2465 S STATE RD7 SUITE 100		
City-State-Zip:	WELLINGTON FL 33414		

*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:** ANN-MARIE SEMENTELLI

AR

01/31/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date