

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000045805

**Entity Name:** RED STAR ATM LLC

**Current Principal Place of Business:**

1 ALHAMBRA PLAZA  
PH FLOOR  
MIAMI, FL 33134

**Current Mailing Address:**

1 ALHAMBRA PLAZA  
PH FLOOR  
MIAMI, FL 33134 US

**FEI Number:** 83-3696019

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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           | CEO                  | Title           | COO                         |
| Name            | RAPHAEL, ROLPH       | Name            | ARISTIDE, SERGE             |
| Address         | 16095 NE 2ND AVE     | Address         | 14425 NE 6TH AVE<br>APT.305 |
| City-State-Zip: | NORTH MIAMI FL 33162 | City-State-Zip: | NORTH MIAMI FL 33161        |

*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:** SERGE ARISTIDE

COO

04/29/2023

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

\_\_\_\_\_  
Date