

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000179855

**Entity Name:** AMERISTAR FINANCIAL, LLC

**Current Principal Place of Business:**

3223 DWYER ST  
PORT CHARLOTTE, FL 33981

**Current Mailing Address:**

3223 DWYER ST  
PORT CHARLOTTE, FL 33981 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

RAGOONATH, MICHAEL  
200 KNUTH RD  
SUITE 218  
BOYNTON BEACH, FL 33436 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           | MGRM                    | Title           | MGRM                    |
| Name            | HASSAN, SHAFRAZ         | Name            | HASSAN, NAVEDA          |
| Address         | 3223 DWYER ST           | Address         | 3223 DWYER ST           |
| City-State-Zip: | PORT CHARLOTTE FL 33981 | City-State-Zip: | PORT CHARLOTTE FL 33981 |

*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:** NAVEDA HASSAN

**MGRM**

**04/29/2021**

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

\_\_\_\_\_  
Date