

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000175071

**Entity Name:** STAR PSYCHOLOGY, LLC

**Current Principal Place of Business:**

4720 CLEVELAND HEIGHTS BOULEVARD  
201  
LAKELAND, FL 33813

**Current Mailing Address:**

4720 CLEVELAND HEIGHTS BOULEVARD  
201  
LAKELAND, FL 33813 US

**FEI Number:** 85-1750348

**Certificate of Status Desired:** No

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

CUNHA, SHEYTOPHIA R  
2258 COACHMAN LOOP  
LAKELAND, FL 33812 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	AR	Title	AR
Name	CUNHA, SHEYTOPHIA RENEE	Name	CUNHA, SHEYTOPHIA RENEE
Address	2258 COACHMAN LOOP	Address	2258 COACHMAN LOOP
City-State-Zip:	LAKELAND FL 33812	City-State-Zip:	LAKELAND FL 33812

*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:** SHEYTOPHIA CUNHA

**OWNER/MANAGER**

**03/08/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date