

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000274179

**Entity Name:** STARRY NIGHT HHCS LLC

**Current Principal Place of Business:**

213 NE CAMELOT DRIVE  
PORT ST LUCIE, FL 34983

**Current Mailing Address:**

213 NE CAMELOT DRIVE  
PORT ST LUCIE, FL 34983 US

**FEI Number:** 85-2996071

**Certificate of Status Desired:** Yes

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

JONES, STOKEMA D  
213 NE CAMELOT DRIVE  
PORT ST LUCIE, FL 34983 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            OWNER/ AUTHORIZED  
                  REPRESENTATIVE  
Name            JONES, STOKEMA D  
Address        213 NE CAMELOT DRIVE  
City-State-Zip: PORT ST LUCIE FL 34983

*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:** STOKEMA D JONES

OWNER/CEO

01/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date