

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000274179

**Entity Name:** STARRY NIGHT HHCS LLC

**Current Principal Place of Business:**

1006 AVENUE G  
FORT PIERCE, FL 34950

**Current Mailing Address:**

1006 AVENUE G  
FORT PIERCE, FL 34950 US

**FEI Number:** 85-2996071

**Certificate of Status Desired:** Yes

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

JONES, STOKEMA D  
1006 AVENUE G  
FORT PIERCE, FL 34950 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        1006 AVENUE G  
City-State-Zip: FORT PIERCE FL 34950

*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/ AUTHORIZED  
REPRESENTATIVE

04/17/2021

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

\_\_\_\_\_ Date