

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000048592

**Entity Name:** STARKEMIND LLC

**Current Principal Place of Business:**

5730 TRAILWINDS DR.  
UNIT 412  
FORT MYERS, FL 33907

**Current Mailing Address:**

5730 TRAILWINDS DR.  
UNIT 412  
FORT MYERS, FL 33907 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

POSS, GREGORY R  
5730 TRAILWINDS DR.  
UNIT 412  
FORT MYERS, FL 33907 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 MGR  
Name POSS, GREGORY R  
Address 5730 TRAILWINDS DR.  
UNIT 412  
City-State-Zip: FORT MYERS FL 33907

Title AR  
Name POSS, EMILY  
Address 5730 TRAILWINDS DR.  
UNIT 412  
City-State-Zip: FORT MYERS FL 33907

*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:** GREGORY POSS

04/24/2024

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

\_\_\_\_\_  
Date