

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000163600

**Entity Name:** DARK STAR USA LLC

**Current Principal Place of Business:**

11767 S. DIXIE HIGHWAY  
375  
PINECREST, FL 33156

**Current Mailing Address:**

11767 S. DIXIE HIGHWAY  
375  
PINECREST, FL 33156

**FEI Number:** 86-3361663

**Certificate of Status Desired:** No

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

SHAPIRO, MITCHELL  
11767 S. DIXIE HIGHWAY  
375  
PINECREST, FL 33156 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            AMBR  
Name            SHAPIRO, MITCHELL  
Address        10390 SW 63RD CT  
City-State-Zip: PINECREST FL 33156

Title            AMBR  
Name            TUDOR, TIMOTHEY  
Address        13760 SW 73RD CT  
City-State-Zip: PALMETTO BAY FL 33158

*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:** MITCHELL SHAPIRO

**MEMBER**

**04/27/2023**

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

\_\_\_\_\_  
Date