

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000502231

Entity Name: STARLIGHT COUNSELING AND WELLNESS LLC

Current Principal Place of Business:

1410 NW 30TH STREET
GAINESVILLE, FL 32605

Current Mailing Address:

PO BOX 357402
GAINESVILLE, FL 32635 US

FEI Number: 87-3732901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHOLTY, AMANDA
1410 NW 30TH STREET
GAINESVILLE, FL 32605 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 SHOLTY, AMANDA
Address 1410 NW 30TH ST
City-State-Zip: GAINESVILLE FL 32605

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: AMANDA SHOLTY

02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date