#### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: SARJU R PATEL

Electronic Signature of Signing Authorized Person(s) Detail

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012130

Entity Name: SARRK PROPERTIES L.L.C.

# **Current Principal Place of Business:**

19046 BRUCE B DOWNS BLVD SUITE 301 TAMPA, FL 33647

### **Current Mailing Address:**

19046 BRUCE B DOWNS BLVD SUITE 301 TAMPA, FL 33647

### FEI Number: 59-3732664

### Name and Address of Current Registered Agent:

PATEL, SARJU R 19046 BRUCE B DOWNS BLVD STE 301 TAMPA, FL 33647 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

Authorized Person(s) Detail :			
Title	MGR	Title	MGRM
Name	SARRK MANAGEMENT LLC	Name	PATEL, SARJU R
Address	19046 BRUCE B DOWNS BLVD, SUITE 301	Address	19046 BRUCE B DOWNS BLVD, SUITE 301
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647

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

MEMBER

Date

### Certificate of Status Desired: No

05/02/2016

Date

## FILED May 02, 2016 Secretary of State CC4860342844