

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037554

Entity Name: SARRK MANAGEMENT, L.L.C.**Current Principal Place of Business:**19046 BRUCE B DOWNS BLVD STE 301
TAMPA, FL 33606**Current Mailing Address:**19046 BRUCE B DOWNS BLVD STE 301
TAMPA, FL 33606**FEI Number:** 20-1124653**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATEL, SARJU R
19046 BRUCE B DOWNS BLVD
STE 301
TAMPA, FL 33606 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	PATEL, RUPESH R
Address	4450 WILDBROOKE PARKWAY
City-State-Zip:	CUMMING GA 30041

Title	MGRM
Name	PATEL, SARJU R
Address	19046 BRUCE B DOWNS BLVD STE 301
City-State-Zip:	TAMPA FL 33647

Title	AUTHORIZED MEMBER
Name	PATEL, ANITA
Address	19046 BRUCE B DOWNS BLVD STE 301
City-State-Zip:	TAMPA FL 33606

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: SARJU R PATEL**PRESIDENT****04/01/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date