

2022 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**MANAGING MEMBER****04/30/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date