2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000120030

Entity Name: SFILC MANAGEMENT, LLC

Current Principal Place of Business:

1 N CLEMATIS STREET

SUITE 200

WEST PALM BEACH, FL 33401

Current Mailing Address:

1 N CLEMATIS STREET

SUITE 200

WEST PALM BEACH, FL 33401

FEI Number: 45-5145589 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TABERNILLA, ARMANDO A **1 N CLEMATIS STREET** SUITE 200

WEST PALM BEACH, FL 33401 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

FILED Apr 19, 2023

Secretary of State

2783806925CC

Authorized Person(s) Detail:

Title MGR, PRESIDENT Title SECRETARY, MANAGER Name FANJUL, JOSE F. JR. Name TABERNILLA, ARMANDO A.

1 N CLEMATIS STREET, SUITE 200 1 N CLEMATIS STREET, SUITE 200 Address Address

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

VP, FINANCE & TREASURER Title SENIOR VICE PRESIDENT Title Name LONDONO, ALEJANDRO BLOMQVIST, ERIK J. Name

1 N CLEMATIS STREET **1 N CLEMATIS STREET** Address Address SUITE 200 SUITE 200

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

Title VICE PRESIDENT TAXATION Title VICE PRESIDENT AND CHIEF **ACCOUNTING OFFICER**

ZUKOWSKI, PHILIP M. Name Name HENDI, MEHDI

1 N CLEMATIS STREET Address Address 1 N CLEMATIS STREET

SUITE 200 SUITE 200 City-State-Zip: WEST PALM BEACH FL 33401

City-State-Zip: WEST PALM BEACH FL 33401

Title ASSISTGANT SECRETARY

Name SADLER, BENJAMIN

Address 1 N CLEMATIS STREET

SUITE 200

City-State-Zip: WEST PALM BEACH FL 33401

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: ARMANDO A. TABERNILLA **MANAGER**

04/19/2023

Date

Electronic Signature of Signing Authorized Person(s) Detail