

**2019 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

**Authorized Person(s) Detail :**

Title MGR, PRESIDENT  
Name FANJUL, JOSE F. JR.  
Address 1 N CLEMATIS STREET, SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title SECRETARY, MANAGER  
Name TABERNILLA, ARMANDO A.  
Address 1 N CLEMATIS STREET, SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title SENIOR VICE PRESIDENT  
Name BLOMQUIST, ERIK J.  
Address 1 N CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP, FINANCE & TREASURER  
Name LONDONO, ALEJANDRO  
Address 1 N CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VICE PRESIDENT TAXATION  
Name ZUKOWSKI, PHILIP M.  
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 TABERNILLA

**SECRETARY**

**04/17/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date