

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000025186

Entity Name: SD CONCESSIONS, LLC

Current Principal Place of Business:

14400 BEN C PRATT / 6 MILE CYPRESS PARKWAY
FORT MYERS, FL 33912

Current Mailing Address:

14400 BEN C PRATT / 6 MILE CYPRESS PARKWAY
FORT MYERS, FL 33912 US

FEI Number: 61-1731331

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEN J. HAYES, P.A.
6161 MLK STREET NORTH
SUITE # 205
ST. PETERSBURG, FL 33703 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 LI, GEORGE
Address 5784 TROWBRIDGE WAY
City-State-Zip: SAN JOSE CA 95138

Title TREASURER, SECRETARY
Name REAVES, SUZANNE M
Address 14400 BEN C PRATT / 6 MILE
CYPRESS PARKWAY
City-State-Zip: FORT MYERS FL 33912

Title PRESIDENT
Name PETERS , CHRISTOPHER A
Address 14400 BEN C PRATT / 6 MILE
CYPRESS PARKWAY
City-State-Zip: FORT MYERS FL 33912

Title ASST VICE PRESIDENT
Name LOVELAND, JUSTIN S
Address 14400 BEN C PRATT / 6 MILE
CYPRESS PARKWAY
City-State-Zip: FORT MYERS FL 33912

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: SUZANNE M REAVES

TREASURER,SECRETARY 03/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date