

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000113499

**Entity Name:** SUBLIME MANAGEMENT LLC

**Current Principal Place of Business:**

10021 EAST BROADVIEW DRIVE  
BAY HARBOR ISLANDS, FL 33154

**Current Mailing Address:**

10021 EAST BROADVIEW DRIVE  
BAY HARBOR ISLANDS, FL 33154 US

**FEI Number:** 81-2990581

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RADICK, LAUREN B  
10021 EAST BROADVIEW DRIVE  
BAY HARBOR ISLANDS, FL 33154 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 RADICK, JASON L  
Address 10021 EAST BROADVIEW DRIVE  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title MGR  
Name RADICK, LAUREN B  
Address 10021 EAST BROADVIEW DRIVE  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title MGR  
Name BLUSH, STEVEN B  
Address 24 FIFTH AVENUE, APARTMENT #405  
City-State-Zip: NEW YORK NY 10011

Title MGR  
Name RADICK, ELAN H  
Address 10021 EAST BROADVIEW DRIVE  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

*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:** LAUREN RADICK

**MANAGER**

**03/07/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date