

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000219232

Entity Name: SFO TRADITION RE LLC**Current Principal Place of Business:**1050 SE MONTEREY RD
400
STUART, FL 34994**Current Mailing Address:**1050 SE MONTEREY RD
400
STUART, FL 34994**FEI Number:** 81-4579322**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARLSON, WILLIAM E MD
1050 SE MONTEREY RD
400
STUART, FL 34994 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 CARLSON, WILLIAM E MD
Address 1050 SE MONTEREY RD STE 400
City-State-Zip: STUART FL 34994

Title MGR
Name HILL, NATHANIEL H MD
Address 1050 SE MONTEREY RD STE 400
City-State-Zip: STUART FL 34994

Title MGR
Name KAM, CHECK C MD
Address 1050 SE MONTEREY RD STE 400
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name DESMAN, SCOTT MD
Address 1050 SE MONTEREY RD, STE 400
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name HAAS, GEORGE MD
Address 1050 SE MONTEREY RD, STE 400
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name HOFFMAN, JAMES MD
Address 1050 SE MONTEREY RD, STE 400
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name HUSTED, DANIEL S MD
Address 1050 SE MONTEREY RD, STE 400
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name JORDAN, STEVEN K MD
Address 1050 SE MONTEREY RD, STE 400
City-State-Zip: STUART FL 34994

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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: WILLIAM E CARLSON

MANAGER

04/22/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Authorized Person(s) Detail Continued :

Title DIRECTOR
Name PASHER, ANUJ MD
Address 1050 SE MONTEREY RD, STE 400
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name CERMINARA, ANTHONY J MD
Address 1050 SE MONTEREY RD, STE 400
City-State-Zip: STUART FL 34994