

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000254714

**Entity Name:** SIMBANTA LLC

**Current Principal Place of Business:**

9740 ENCHANTED POINTE LN  
BOCA RATON, FL 33496

**Current Mailing Address:**

9740 ENCHANTED POINTE LN  
BOCA RATON, FL 33496 US

**FEI Number:** 82-3827574

**Certificate of Status Desired:** Yes

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

DARIOS, STEVE  
9740 ENCHANTED POINTE LN  
BOCA RATON, FL 33496 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 AUTHORIZED MEMBER, MANAGER  
Name DARIOS, BASILIOS  
Address 3200 PORT ROYALE DR N APT 709  
City-State-Zip: FORT LAUDERDALE FL 33308

Title AUTHORIZED REPRESENTATIVE,  
AUTHORIZED MEMBER  
Name DARIOS, MARIA  
Address 9740 ENCHANTED POINTE LN  
City-State-Zip: BOCA RATON FL 33496

Title AUTHORIZED MEMBER  
Name DARIOS, STEVE  
Address 9740 ENCHANTED POINTE LN  
City-State-Zip: BOCA RATON FL 33496

*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:** BASILIOS DARIOS

**MANAGER**

**03/10/2019**

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

\_\_\_\_\_  
Date