

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000255175

**Entity Name:** SGF TAMPA BAY, LLC

**Current Principal Place of Business:**

5016 WEST CYPRESS ST  
TAMPA, FL 33609

**FILED**  
**Mar 07, 2023**  
**Secretary of State**  
**9511652581CC**

**Current Mailing Address:**

9600 BLACKWELL RD.  
SUITE 500  
ROCKVILLE, MD 20850 US

**FEI Number: 82-3687660**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MEMBER  
Name YAZIGI, RICARDO  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name WIDRA, ERIC  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name TIMMRECK, LORNA  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name SILVA, CELSO  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name SASSON, ISAAC  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name BROMER, JASON  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name BROWNE, PAULETTE  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name DEVINE, KATE  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

**Continues on page 2**

*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: MYLES GREENBERG**

**MEMBER**

**03/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title MEMBER  
Name DOYLE, JOSEPH  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name GARDE, RACHANA  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name KHAN, NAVEED  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name LEVY, MICHAEL  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name MCCLAMROCK, HOWARD  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name MOON, KIMBERLY  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name NAIR, ANITHA  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name OSBORN, BARBARA  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name SAGOSKIN, ARTHUR  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name ESPOSITO, MELISSA  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name GREENBERG, MYLES  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name LEVENS, ERIC  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name MCCARTHY, DESIREÉ KEITH  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name MCKEEBY, JEFFREY  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name MOTTLA, GILBERT  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name O'BRIEN, JEANNE  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609

Title MEMBER  
Name OSHEROFF, JOSEPH  
Address 5016 WEST CYPRESS ST  
City-State-Zip: TAMPA FL 33609