

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000010104

**Entity Name:** SDT HOLDINGS, LLC.**Current Principal Place of Business:**165 BAGDAD AVE  
OPA LOCKA, FL 33054**Current Mailing Address:**P.O. BOX 848876  
PEMBROKE PINES, FL 33084**FEI Number:** 82-3990667**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURKES-TAYLOR, SEBRINA R  
165 BAGDAD AVE  
OPA LOCKA, FL 33054 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:** SEBRINA R. BURKES-TAYLOR

03/24/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                          |
|-----------------|--------------------------|
| Title           | MGR                      |
| Name            | BURKES-TAYLOR, SEBRINA R |
| Address         | 165 BAGDAD AVE           |
| City-State-Zip: | OPA LOCKA FL 33054       |

|                 |                    |
|-----------------|--------------------|
| Title           | MGR                |
| Name            | TAYLOR, DON J      |
| Address         | 165 BAGDAD AVE     |
| City-State-Zip: | OPA LOCKA FL 33054 |

|                 |                    |
|-----------------|--------------------|
| Title           | AUTHORIZED MEMBER  |
| Name            | TAYLOR, MORGHAN T  |
| Address         | 165 BAGDAD AVE     |
| City-State-Zip: | OPA LOCKA FL 33054 |

*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:** SEBRINA R. BURKES-TAYLOR

PRESIDENT

03/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date