

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000291264

**Entity Name:** SG ELMS LLC**Current Principal Place of Business:**252 OSPREY POINT DRIVE  
OSPREY, FL 34229**Current Mailing Address:**252 OSPREY POINT DRIVE  
OSPREY, FL 34229 US**FEI Number:** 83-2956066**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SACHS, EITAN  
252 OSPREY POINT DRIVE  
OSPREY, FL 34229 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	AMBR
Name	SACHS, EITAN
Address	252 OSPREY POINT DRIVE
City-State-Zip:	OSPREY FL 34229
Title	AMBR
Name	SIMON GOZHANSKY REVOCABLE TRUST
Address	500 BAYVIEW DRIVE, APT. 1126
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	AMBR
Name	SACHS, LESLEY
Address	252 OSPREY POINT DRIVE
City-State-Zip:	OSPREY FL 34229
Title	AMBR
Name	GENIA GOZHANSKY REVOCABLE TRUST
Address	500 BAYVIEW DRIVE, APT. 1126
City-State-Zip:	SUNNY ISLES BEACH FL 33160

*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:** EITAN SACHS

AMBR

03/18/2022

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