

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000304225

Entity Name: SUDA SANFORD LLC**Current Principal Place of Business:**2199 PONCE DE LEON BLVD STE 400
CORAL GABLES, FL 33134**Current Mailing Address:**2199 PONCE DE LEON BLVD STE 400
CORAL GABLES, FL 33134 US**FEI Number:** 84-3970021**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HEISENBOTTLE, RICHARD
556 LORETTO AVENUE
CORAL GABLES, FL 33146 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	AP
Name	HEISENBOTTLE, RICHARD
Address	556 LORETTO AVENUE
City-State-Zip:	CORAL GABLES FL 33146
Title	AMBR
Name	RJHA PROPERTIES LLC
Address	2199 PONCE DE LEON BLVD STE 400
City-State-Zip:	CORAL GABLES FL 33134

Title	AP
Name	NARANJO, CATHARINE
Address	3946 NE 168TH ST
City-State-Zip:	N MIAMI BEACH FL 33160
Title	AMBR
Name	SUDA VENTURES LLC
Address	3946 NE 168TH ST
City-State-Zip:	N MIAMI 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: RICHARD J. HEISENBOTTLE**REGISTERED AGENT****01/05/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date