

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000141720

Entity Name: SB NAVARRE, LLC**Current Principal Place of Business:**201 N NEW YORK AVE
STE 200
WINTER PARK, FL 32789**Current Mailing Address:**201 N NEW YORK AVE
STE 200
WINTER PARK, FL 32789 US**FEI Number:** 85-1277856**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOFF, MITCHELL
201 N NEW YORK AVE
STE 200
WINTER PARK, FL 32789 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 SHRIMP BASKET RESTAURANTS, LLC
Address 201 N NEW YORK AVE
STE 200
City-State-Zip: WINTER PARK FL 32789

Title CRO
Name KIRKE, MARK
Address 201 N NEW YORK AVE
STE 200
City-State-Zip: WINTER PARK FL 32789

Title CEO
Name GOFF , BARRY
Address 201 N NEW YORK AVE
STE 200
City-State-Zip: WINTER PARK FL 32789

Title EVP
Name HEADLEY, WILLIAM
Address 201 N NEW YORK AVE
STE 200
City-State-Zip: WINTER PARK FL 32789

Title EVP
Name WOOD, MIKE
Address 201 N NEW YORK AVE
STE 200
City-State-Zip: WINTER PARK FL 32789

Title CFO
Name MASSARI, JOHN
Address 201 N NEW YORK AVE
STE 200
City-State-Zip: WINTER PARK FL 32789

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: JOHN MASSARI

CFO

03/21/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date