

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000142659

**Entity Name:** SB PARENT, 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:** 85-1251410

**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 AR SBN, I LLC  
Address 201 N NEW YORK AVE  
STE 200  
City-State-Zip: WINTER PARK FL 32789

Title PRESIDENT  
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

04/22/2024

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

\_\_\_\_\_  
Date