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: WILLIAM J SYLVIA

Electronic Signature of Signing Authorized Person(s) Detail

MGR

MGR SYLVIA, WILLIAM J

- Authorized Person(s) Detail : Title
- 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:

DOCUMENT# L20000317345

NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

FEI Number: 85-3521809

NEW SMYRNA BEACH, FL 32169 US

403 CRAWFORD AVE

PO BOX 2522

SYLVIA, WILLIAM J 403 CRAWFORD AVE

С

APT. C

Current Principal Place of Business:

NEW SMYRNA BEACH, FL 32170

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Name 403 CRAWFORD AVE Address City-State-Zip: NEW SMYRNA BEACH FL 32169

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: SHARK BITE PROPERTY MANAGEMENT LLC

FILED Jan 13, 2022 Secretary of State 9189143951CC

Certificate of Status Desired: Yes

Date

01/13/2022 Date