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.

OWNER

SIGNATURE: WILLIAM SYLVIA

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address: PO BOX 2522 NEW SMYRNA BEACH, FL 32170

FEI Number: 85-3521809

DOCUMENT# L20000317345

NEW SMYRNA BEACH, FL 32169

403 CRAWFORD AVE

APT. C

Current Principal Place of Business:

Name and Address of Current Registered Agent:

SYLVIA, WILLIAM J 403 CRAWFORD AVE C NEW SMYRNA BEACH, FL 32169 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

Authorized Person(s) Detail :

 Title
 MGR

 Name
 SYLVIA, WILLIAM J

 Address
 403 CRAWFORD AVE

 City-State-Zip:
 NEW SMYRNA BEACH FL 32169

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: SHARK BITE PROPERTY MANAGEMENT LLC

FILED Feb 01, 2024 Secretary of State 27142988889CC

Certificate of Status Desired: No

Date

02/01/2024 Date