

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000019543

**Entity Name:** SVB PROPERTIES LLC

**Current Principal Place of Business:**

3988 ALDEA WAY  
WESLEY CHAPEL, FL 33543

**Current Mailing Address:**

3988 ALDEA WAY  
WESLEY CHAPEL, FL 33543 US

**FEI Number:** 86-1432163

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COLLARD, GABRIELLA  
3988 ALDEA WAY  
WESLEY CHAPEL, FL 33543 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 COLLARD, PASCAL  
Address 3988 ALDEA WAY  
City-State-Zip: WESLEY CHAPEL FL 33543

Title AMBR  
Name HOEGSTEDT, JOHAN  
Address 7901 4TH ST N STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title AMBR  
Name HERRING, RICHARD  
Address 327 S. ROBERTS RD  
City-State-Zip: BRYN MAWR PA 19010

Title AMBR  
Name LOVINGER, TODD  
Address 23109 W BRISTOL AVE  
City-State-Zip: TAMPA FL 33609

Title AMBR  
Name RUBY, MATT  
Address 10410 ELBERTON AVE  
City-State-Zip: THONOTOSASSA FL 33592

*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:** PASCAL COLLARD

**MANAGER**

**04/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date