

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000405035

**Entity Name:** SLICC2 LLC

**Current Principal Place of Business:**

2119 CLIMBING IVY DRIVE  
TAMPA, FL 33618

**Current Mailing Address:**

2119 CLIMBING IVY DRIVE  
TAMPA, FL 33618 US

**FEI Number:** 87-2673620

**Certificate of Status Desired:** No

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

STANTON CRONIN LAW GROUP PL  
6944 W. LINEBAUGH AVE  
SUITE 102  
TAMPA, FL 33625 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 MGR  
Name GILDEN, DAVID  
Address 9636 W. LINEBAUGH AVE  
City-State-Zip: TAMPA FL 33626

Title MGR  
Name TUSZYNSKI, MARK  
Address 9636 W. LINEBAUGH AVE.  
City-State-Zip: TAMPA FL 33626

Title MGR  
Name SANCHEZ, JULIO  
Address 9636 W. LINEBAUGH AVE  
City-State-Zip: TAMPA FL 33626

Title MGR  
Name FORD, JOHN  
Address 9636 W. LINEBAUGH AVE.  
City-State-Zip: TAMPA FL 33626

Title MGR  
Name POT LUCK ENTERPRISES LLC  
Address 9636 W. LINEBAUGH AVE.  
City-State-Zip: TAMPA FL 33626

*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:** DAVID GILDEN

**MEMBER**

**04/30/2024**

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

\_\_\_\_\_  
Date