

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000441350

**Entity Name:** SVB RESIDENTIAL LLC

**Current Principal Place of Business:**

2310 W BRISTOL AVE  
TAMPA, FL 33609

**Current Mailing Address:**

2310 W BRISTOL AVE  
TAMPA, FL 33609 US

**FEI Number:** 87-3024026

**Certificate of Status Desired:** No

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

LOVINGER, TODD S  
2310 W BRISTOL AVE  
TAMPA, FL 33609 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 LOVINGER, TODD  
Address 2310 W BRISTOL AVE  
City-State-Zip: TAMPA FL 33609

Title MGRM  
Name HUEGSTEDT, JOHAN  
Address 129 EAST WASHINGTON ST  
City-State-Zip: WEST CHESTER PA 19380

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

Title MGRM  
Name BURMAN, DAVID  
Address 13773 LAKESIDE DR  
City-State-Zip: CLARKSVILLE MD 21029

*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:** TODD LOVINGER

**MEMBER**

**02/04/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date