

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000186491

**Entity Name:** SG ALDERMAN 674 LLC

**Current Principal Place of Business:**

2533 REGAL RIVER RD  
VALRICO, FL 33596

**Current Mailing Address:**

2533 REGAL RIVER RD  
VALRICO, FL 33596 US

**FEI Number:** 88-2195334

**Certificate of Status Desired:** No

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

GATTU, NAGA SUDHIR  
2248 LANDSIDE DR  
VALRICO, FL 33594 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            PRES  
Name            ROY, BIPUL  
Address        2533 REGAL RIVER RD  
City-State-Zip: VALRICO FL 33596

Title            MGR  
Name            GATTU, NAGA SUDHIR  
Address        2248 LANDSIDE DR  
City-State-Zip: VALRICO FL 33594

Title            AMBR  
Name            PENUGONDA, SHIRISH  
Address        2247 LANDSIDE DR  
City-State-Zip: VALRICO FL 33594

Title            AMBR  
Name            DONTNINENI, VANITHA  
Address        1108 FACET VIEW WAY  
City-State-Zip: VALRICO FL 33594

Title            AMBR  
Name            PAMPATI, RAJA  
Address        10128 DEERCLIFF DR  
City-State-Zip: TAMPA FL 33646

Title            SEC  
Name            PARSII, SRINIVAS  
Address        2429 BLUE STONE CT  
City-State-Zip: VALRICO FL 33594

*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:** NAGA SUDHIR GATTU

**MGR**

**01/16/2024**

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

\_\_\_\_\_  
Date