

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000291483

**Entity Name:** SLAV PROPERTIES, LLC**Current Principal Place of Business:**880 MANDALAY AVE.  
#N109  
CLEARWATER, FL 33767**Current Mailing Address:**880 MANDALAY AVE.  
#N109  
CLEARWATER, FL 33767 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, SONG L  
880 MANDALAY AVE.  
#N109  
CLEARWATER, FL 33767 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 ANDERSON, SONG L  
Address 880 MANDALAY AVE.  
City-State-Zip: CLEARWATER FL 33767

Title MGR  
Name ANDERSON, CHRISTIAN L  
Address 880 MANDALAY AVE.  
City-State-Zip: CLEARWATER FL 33767

Title MANAGER  
Name VANG, PAO CHOUA  
Address 880 MANDALAY AVE.  
#N109  
City-State-Zip: CLEARWATER FL 33767

Title MANAGER  
Name ANDERSON, CHRISTIAN LOR  
Address 880 MANDALAY AVE.  
#N109  
City-State-Zip: CLEARWATER FL 33767

Title MANAGER  
Name ANDERSON, CALEB LOR  
Address 880 MANDALAY AVE.  
#N109  
City-State-Zip: CLEARWATER FL 33767

Title MANAGER  
Name DAO-ANDERSON, JOSHUA LOR  
Address 880 MANDALAY AVE.  
#N109  
City-State-Zip: CLEARWATER FL 33767

Title MANAGER  
Name ANDERSON, ELIJAH LOR MANAGER  
Address 880 MANDALAY AVE.  
#N109  
City-State-Zip: CLEARWATER FL 33767

*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:** SONG L ANDERSON

MANAGER

03/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date