

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000321694

**Entity Name:** SGR REI LLC

**Current Principal Place of Business:**

924 N. MAGNOLIA AVE SUITE  
202 UNIT 5002  
ORLANDO, FL 32803

**Current Mailing Address:**

P.O.BOX 165  
GOLDENROD, FL 32733 US

**FEI Number:** 92-0738075

**Certificate of Status Desired:** No

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

SOUFFRANT, CARL  
924 N. MAGNOLIA AVE SUITE  
202 UNIT 5002  
ORLANDO, FL 32803 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 SGR MGMT LLC  
Address P.O. BOX 165  
City-State-Zip: GOLDENROD FL 32733

Title MGR  
Name FERNANDEZ, GERARDO  
Address P.O. BOX 165  
City-State-Zip: GOLDENROD FL 32733

Title MGR  
Name SGR MGMT LLC  
Address P.O. BOX 165  
City-State-Zip: GOLDENROD FL 32733

Title MGR  
Name SAYEED, YOUSEF  
Address P.O. BOX 165  
City-State-Zip: GOLDENROD FL 32733

*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:** CARL SOUFFRANT

**MGR**

**03/19/2024**

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

\_\_\_\_\_  
Date