

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000002378

**Entity Name:** SUNNY ISLES BEACH HOLDINGS, LLC

**Current Principal Place of Business:**

17895 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17895 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 46-4656033

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

**FILED**  
**Apr 15, 2024**  
**Secretary of State**  
**7504033157CC**

*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           MANAGER  
Name           TG CO MANAGEMENT, INC  
Address        17895 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title           CFO, VP  
Name           SHMUELI, OREN  
Address        17895 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title           MEMBER  
Name           SO FLO PROPERTIES, LLC  
Address        17895 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title           EVP, SEC, GC  
Name           HIRSCH, MARK  
Address        17895 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title           CONTROLLER  
Name           GARCIA, JAIR  
Address        17895 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title           TREASURER  
Name           GARCIA, ANDRES  
Address        17895 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title           ASSOC. GENERAL COUNSEL, ASST  
                  SEC  
Name           CAMPOS, JERRY  
Address        17895 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** ANDRES GARCIA

**TREASURER**

**04/15/2024**

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

\_\_\_\_\_  
Date