

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000004703

**Entity Name:** SB LIMITED LLC

**Current Principal Place of Business:**

5830 E 2ND ST, STE 7000 #4936  
CASPER, WY 82609

**Current Mailing Address:**

5830 E 2ND ST, STE 7000 #4936  
CASPER, WY 82609 US

**FEI Number:** 88-0801658

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 MBR  
Name SHUSTER, ETHAN  
Address 5830 E 2ND ST, STE 7000 #4936  
City-State-Zip: CASPER WY 82609

Title MBR  
Name SHUSTER, ROBERT  
Address 5830 E 2ND ST, STE 7000 #4936  
City-State-Zip: CASPER WY 82609

Title MBR  
Name SHUSTER, WILLIAM  
Address 5830 E 2ND ST, STE 7000 #4936  
City-State-Zip: CASPER WY 82609

*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:** ETHAN GARRETT SHUSTER

**MANAGER**

**04/12/2023**

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

\_\_\_\_\_  
Date