

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000012790

**Entity Name:** SIDE LFRO LLC

**Current Principal Place of Business:**

580 4TH STREET  
SAN FRANCISCO, CA 94107

**Current Mailing Address:**

580 4TH STREET  
SAN FRANCISCO, CA 94107 US

**FEI Number: 88-1695819**

**Certificate of Status Desired: No**

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

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 US

**FILED**  
**Apr 21, 2023**  
**Secretary of State**  
**0536478393CC**

*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 DICKINSON, SCOTT  
Address 580 4TH STREET  
City-State-Zip: SAN FRANCISCO CA 94107

Title MGR  
Name KRULL, SPENCER  
Address 580 4TH STREET  
City-State-Zip: SAN FRANCISCO CA 94107

Title MGR  
Name MCLEOD, CASEY  
Address 580 4TH STREET  
City-State-Zip: SAN FRANCISCO CA 94107

Title MGR  
Name GIOIA, KEVIN  
Address 580 4TH STREET  
City-State-Zip: SAN FRANCISCO CA 94107

Title MGR  
Name LYMAN, JACOB  
Address 580 4TH STREET  
City-State-Zip: SAN FRANCISCO CA 94107

Title MGR  
Name NAPOLITANO, CARMINE  
Address 580 4TH STREET  
City-State-Zip: SAN FRANCISCO CA 94107

Title MGR  
Name PINGARO, DONNIE  
Address 580 4TH STREET  
City-State-Zip: SAN FRANCISCO CA 94107

Title MGR  
Name JOHNSON, LESLIE  
Address 580 4TH STREET  
City-State-Zip: SAN FRANCISCO CA 94107

**Continues on page 2**

*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: CARMINE NAPOLITANO**

**MANAGER**

**04/21/2023**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title MGR  
Name SWANSON, LISA  
Address 580 4TH STREET  
City-State-Zip: SAN FRANCISCO CA 94107

Title MGR  
Name TREVINO, CATHY  
Address 580 4TH STREET  
City-State-Zip: SAN FRANCISCO CA 94107

Title MGR  
Name WOLLBERG, JOHN  
Address 580 4TH STREET  
City-State-Zip: SAN FRANCISCO CA 94107

Title MGR  
Name TAYLOR, TAMARA  
Address 580 4TH STREET  
City-State-Zip: SAN FRANCISCO CA 94107

Title MGR  
Name WIARD, WILLIAM  
Address 580 4TH STREET  
City-State-Zip: SAN FRANCISCO CA 94107