

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 22 PM 3:50

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DOCUMENT # L01000005322

1. Entity Name

SDA, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Gregory A. Martin, Esq.

3. Mailing Address

(SAME)

2601 S. Bayshore Drive 1600

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State

4. FEI Number
65-1095321

Applied For
Not Applicable

Zip
33133

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Gregory A. Martin, Esquire

Street Address (P.O. Box Number is Not Acceptable)

c/o Aduino & Zeder, P.A.

2601 South Bayshore Drive, #1600

City Miami

FL

Zip Code 33133

8. 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

Signature, typed or printed name of registered agent, and title if applicable.

DATE

SEE IS 350.00
Make check payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Savita Kezerle
c/o Gregory A. Martin, Esq.
2601 S. Bayshore Drive, 1600
Miami, Florida 33133

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE MGR
NAME
STREET ADDRESS
CITY - ST - ZIP
Mark Meyers
c/o Gregory A. Martin, Esq.
2601 S. Bayshore Dr., 1600
Miami, Florida 33133

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Savita Kezerle 20 March 2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)

242



ACCOUNT NO. : 072100000032

REFERENCE : 488941 4330594

AUTHORIZATION :

COST LIMIT : \$ 50.00

Patricia Pizito

ORDER DATE : March 22, 2002

ORDER TIME : 11:28 AM

ORDER NO. : 488941-010

CUSTOMER NO: 4330594

CUSTOMER: Ms. Debbie Budde
Adorno & Zeder, P.a.
Suite 1600
2601 South Bayshore Drive
Miami, FL 33133

ANNUAL REPORT FILING

NAME: SDA, LLC

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DIVISION OF CORPORATIONS
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XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EXAMINER'S INITIALS: _____

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