

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000037554

**Entity Name:** SARRK MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

19046 BRUCE B DOWNS BLVD STE 301  
TAMPA, FL 33606

**Current Mailing Address:**

19046 BRUCE B DOWNS BLVD STE 301  
TAMPA, FL 33606

**FEI Number:** 20-1124653

**Certificate of Status Desired:** No

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

PATEL, SARJU R  
19046 BRUCE B DOWNS BLVD  
STE 301  
TAMPA, FL 33606 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	Title	MGRM
Name	PATEL, RUPESH R	Name	PATEL, SARJU R
Address	4450 WILDBROOKE PARKWAY	Address	19046 BRUCE B DOWNS BLVD STE 301
City-State-Zip:	CUMMING GA 30041	City-State-Zip:	TAMPA FL 33647
Title	AUTHORIZED MEMBER		
Name	PATEL, ANITA		
Address	19046 BRUCE B DOWNS BLVD STE 301		
City-State-Zip:	TAMPA FL 33606		

*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:** SARJU R PATEL

**MANAGER**

**04/29/2024**

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

\_\_\_\_\_  
Date