

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000121946

Entity Name: SRG TECHNOLOGY, LLC**Current Principal Place of Business:**330 SW 2ND STREET
SUITE #215
FORT LAUDERDALE, FL 33312**Current Mailing Address:**330 SW 2ND STREET
SUITE #215
FORT LAUDERDALE, FL 33312**FEI Number:** 65-1317337**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, GARRY W
330 SW 2 STREET
SUITE 215
FORT LAUDERDALE, FL 33312 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, PRESIDENT, CEO
Name	STERLING, NEIL
Address	330 SW 2ND STREET, SUITE #215
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	MGR, VP, COO
Name	HARTSELL, CANDACE
Address	330 SW 2ND STREET, SUITE #215
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	MANAGER
Name	PIERSON, GAIL
Address	330 SW 2ND STREET SUITE #215
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	MANAGER
Name	MILLER, JAMES
Address	330 SW 2ND STREET SUITE #215
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	MANAGER
Name	STERLING, MEGHAN
Address	330 SW 2ND STREET SUITE #215
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	MANAGER
Name	JOHNS, RICHARD
Address	330 SW 2ND STREET SUITE #215
City-State-Zip:	FORT LAUDERDALE FL 33312

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: CANDACE HARTSELL**MGR-CHIEF OPERATING OFFICER** **03/08/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date