

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000061204

**Entity Name:** SBS ENTERPRISE OF KEY WEST LLC

**Current Principal Place of Business:**

3222 EAGLE AVENUE  
KEY WEST, FL 33040

**Current Mailing Address:**

P.O. BOX 5826  
KEY WEST, FL 33045

**FEI Number:** 45-2913108

**Certificate of Status Desired:** No

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

HIGHSMITH, ROBERT ESQ  
3158 NORTHSIDE DRIVE  
KEY WEST, FL 33040 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  
Name SARVER JR, RICHARD A  
Address P.O. BOX 5826  
City-State-Zip: KEY WEST FL 33045

Title MGR  
Name SARVER, LAURA L  
Address P.O. BOX 5826  
City-State-Zip: KEY WEST FL 33045

*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:** LAURA L SARVER

**MANAGER**

**01/05/2018**

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

\_\_\_\_\_  
Date