

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000042846

Entity Name: SDS RESTAURANT GROUP, LLC**Current Principal Place of Business:**ONE INDEPENDENT DRIVE, STE. 3120
JACKSONVILLE, FL 32202**Current Mailing Address:**ONE INDEPENDENT DRIVE, STE. 3120
JACKSONVILLE, FL 32202**FEI Number:** 45-4973417**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**F & L CORP
ONE INDEPENDENT DRIVE, STE. 3120
JACKSONVILLE, FL 32202 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:** FOLEY LARDNER

02/01/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT, CEO
Name	SUTTON, JIMMY
Address	ONE INDEPENDENT DRIVE, STE 3120
City-State-Zip:	JACKSONVILLE FL 32202

Title	MANAGER
Name	STEIN, ROBERT L
Address	ONE INDEPENDENT DRIVE, STE 3120
City-State-Zip:	JACKSONVILLE FL 32202

Title	SECRETARY, TREASURER
Name	DEMETREE, JACK C JR.
Address	ONE INDEPENDENT DRIVE, STE 3120
City-State-Zip:	JACKSONVILLE FL 32202

Title	ASST. TREASURER
Name	DANIELS, ALEXA
Address	ONE INDEPENDENT DRIVE, STE 3120
City-State-Zip:	JACKSONVILLE FL 32202

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: ALEXA DANIELS

ASST. TREASURER

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date