

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000100459

**Entity Name:** SLRK, LLC

**Current Principal Place of Business:**

549 N WYMORE RD  
110B  
MAITLAND, FL 32751

**FILED**  
**Jan 15, 2024**  
**Secretary of State**  
**1648915218CC**

**Current Mailing Address:**

PO BOX 941483  
MAITLAND, FL 32794-1483 US

**FEI Number: 59-3516618**

**Certificate of Status Desired: No**

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

ICARDI, JEFFREY A  
931 PACE AVENUE  
MAITLAND, FL 32751 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 ISOLA, ROBERT E  
Address 549 N. WYMORE ROAD  
110B  
City-State-Zip: MAITLAND FL 32751

*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: ROBERT E. ISOLA**

**MGR**

**01/15/2024**

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

\_\_\_\_\_  
Date