

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000111563

Entity Name: SLICES CONCESSION WEST LLC**Current Principal Place of Business:**994 GLENDALE AVE UNIT 3
GAINESVILLE, FL 32653**Current Mailing Address:**5200 NW 43RD STREET
SUITE 102-302
GAINESVILLE, FL 32606 US**FEI Number:** 46-3459978**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEONG, HOE CHUEN
2300 NW 71ST PLACE
GAINESVILLE, FL 32653 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	MGRM
Name	LEONG, HOE CHUEN
Address	2300 NW 71ST PLACE
City-State-Zip:	GAINESVILLE FL 32653

Title	MGRM
Name	KEARNS, JOSEPH
Address	2300 NW 71ST PLACE
City-State-Zip:	GAINESVILLE FL 32653

Title	MGRM
Name	WALDT, EVAN
Address	2300 NW 71ST PLACE
City-State-Zip:	GAINESVILLE FL 32653

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: HOE CHUEN LEONG**MANAGING MEMBER****01/07/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date