

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000149018

**Entity Name:** SEVINCH HOSPITALITY MANAGEMENT, LLC**Current Principal Place of Business:**3618 FOWLER ST.  
FORT MYERS, FL 33901**Current Mailing Address:**3618 FOWLER ST.  
FORT MYERS, FL 33901**FEI Number:** 47-1935281**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEVINCH, EMRAH  
3618 FOWLER ST.  
FORT MYERS, FL 33901 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	AMBR	Title	AMBR
Name	SEVINCH, EMRAH	Name	BODE, MATTHEW
Address	3618 FOWLER ST.	Address	3618 FOWLER ST.
City-State-Zip:	FORT MYERS FL 33901	City-State-Zip:	FORT MYERS FL 33901
Title	MANAGER		
Name	CIARAMITARO, GASPAR G		
Address	9377 SIX MILE CYPRESS PKWY #145		
City-State-Zip:	FORT MYERS FL 33966		

*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:** EMRAH SEVINCH

MANAGER

03/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date