

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000238674

**Entity Name:** SR2SFC LLC**Current Principal Place of Business:**2301 GULF OF MEXICO DR  
UNIT 65  
LONGBOAT KEY, FL 34228**Current Mailing Address:**2301 GULF OF MEXICO DR  
UNIT 65  
LONGBOAT KEY, FL 34228 US**FEI Number:** 82-3601376**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AGHARKAR, JANKEE  
2301 GULF OF MEXICO DR  
65  
LONGBOAT KEY, FL 34228 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                           |
| Name            | AGHARKAR, SHREERAM             |
| Address         | 2301 GULF OF MEXICO DR UNIT 65 |
| City-State-Zip: | LONGBOAT KEY FL 34228          |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | AMBR                              |
| Name            | AGHARKAR, JANKEE                  |
| Address         | 2301 GULF OF MEXICO DR<br>UNIT 65 |
| City-State-Zip: | LONGBOAT KEY FL 34228             |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | AUTHORIZED REPRESENTATIVE         |
| Name            | AGHARKAR, BHUSHAN S               |
| Address         | 2301 GULF OF MEXICO DR<br>UNIT 65 |
| City-State-Zip: | LONGBOAT KEY FL 34228             |

*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:** JANKEE AGHARKAR

AMBR

04/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date