

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000304225

**Entity Name:** SUDA SANFORD LLC

**Current Principal Place of Business:**

2199 PONCE DE LEON BLVD STE 400  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2199 PONCE DE LEON BLVD STE 400  
CORAL GABLES, FL 33134 US

**FEI Number:** 84-3970021

**Certificate of Status Desired:** Yes

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

HEISENBOTTLE, RICHARD  
526 LORETTO AVENUE  
CORAL GABLES, FL 33146 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 AP  
Name HEISENBOTTLE, RICHARD  
Address 526 LORETTO AVENUE  
City-State-Zip: CORAL GABLES FL 33146

Title AP  
Name NARANJO, CATHARINE  
Address 3946 NE 168TH ST  
City-State-Zip: N MIAMI BEACH FL 33160

Title AMBR  
Name RJHA PROPERTIES LLC  
Address 2199 PONCE DE LEON BLVD STE 400  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name SUDA VENTURES LLC  
Address 3946 NE 168TH ST  
City-State-Zip: N MIAMI BEACH FL 33160

*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:** RICHARD HEISENBOTTLE

**REGISTERED AGENT**

**01/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date