

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000131602

**Entity Name:** SAINTEREST, LLC

**Current Principal Place of Business:**

12807 REAL MADRID LN  
TAMPA, FL 33617

**Current Mailing Address:**

12723 REAL MADRID LN  
TAMPA, FL 33617 US

**FEI Number:** 85-1046631

**Certificate of Status Desired:** No

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

ST FLEUR, SOREL  
12807 REAL MADRID LN  
TAMPA, FL 33617 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 ST FLEUR, SOREL  
Address 12807 REAL MADRID LN  
City-State-Zip: TAMPA FL 33617

Title AP  
Name ST FLEUR, LUCNISE  
Address 3353 DAVIE BLVD, APT 202  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** SOREL ST FLEUR

04/30/2022

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

\_\_\_\_\_  
Date