

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000142659

**Entity Name:** SB PARENT, LLC

**Current Principal Place of Business:**

201 N NEW YORK AVE  
STE 200  
WINTER PARK, FL 32789

**Current Mailing Address:**

201 N NEW YORK AVE  
STE 200  
WINTER PARK, FL 32789 US

**FEI Number:** 85-1251410

**Certificate of Status Desired:** No

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

GOFF, MITCHELL  
201 N NEW YORK AVE  
STE 200  
WINTER PARK, FL 32789 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 MGR  
Name ARTISTRY MANAGER SB, LLC  
Address 201 N NEW YORK AVE  
City-State-Zip: WINTER PARK FL 32789

Title PRESIDENT  
Name KRIKE, MARK  
Address 7282 PLANTATION RD STE 301  
SUITE 301  
City-State-Zip: PENSACOLA FL 32504

Title CFO  
Name MOEHLER, KIM  
Address 7282 PLANTATION RD STE 301  
SUITE 301  
City-State-Zip: PENSACOLA FL 32504

*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:** KIM MOEHLER

CFO

01/06/2021

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

\_\_\_\_\_  
Date