

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000328977

**Entity Name:** SL 1412 LLC

**Current Principal Place of Business:**

3150 PARADOX CIR  
102  
KISSIMMEE, FL 34746

**Current Mailing Address:**

20533 BISCAYNE BLVD  
759  
AVENTURA, FL 33180

**FEI Number:** 85-3915608

**Certificate of Status Desired:** No

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

MARCANO, SABRINA  
3150 PARADOX CIR  
102  
KISSIMMEE, FL 34746 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 MARCANO, SABRINA  
Address 3150 PARADOX CIR UNIT 102  
City-State-Zip: KISSIMMEE FL 34746

Title MGR  
Name MARCANO, JESUS  
Address 3150 PARADOX CIR UNIT 102  
City-State-Zip: KISSIMMEE FL 34746

Title MGR  
Name RIVERO, MARIA  
Address 3150 PARADOX CIR UNIT 102  
City-State-Zip: KISSIMMEE FL 34746

Title AUTHORIZED MEMBER  
Name MARCANO, SABRINA  
Address 3150 PARADOX CIR  
102  
City-State-Zip: KISSIMMEE FL 34746

Title AUTHORIZED MEMBER  
Name MARCANO, JESUS  
Address 3150 PARADOX CIR  
102  
City-State-Zip: KISSIMMEE FL 34746

Title AUTHORIZED MEMBER  
Name RIVERO, MARIA  
Address 3150 PARADOX CIR  
102  
City-State-Zip: KISSIMMEE FL 34746

*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:** MARCANO, SABRINA

**REGISTER AGENT**

**02/20/2023**

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

\_\_\_\_\_  
Date