

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000017045

Entity Name: SN CLINTON RD LLC**Current Principal Place of Business:**11412 DUTCH IRIS DR
RIVERVIEW, FL 33578**Current Mailing Address:**11412 DUTCH IRIS DR
RIVERVIEW, FL 33578**FEI Number:** 86-2958988**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATEL, LISA
11412 DUTCH IRIS DR
RIVERVIEW, FL 33578 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	Title	AUTHORIZED MEMBER
Name	PATEL, LISA	Name	PATEL, TEJASH
Address	11412 DUTCH IRIS DR	Address	11412 DUTCH IRIS DR
City-State-Zip:	RIVERVIEW FL 33578	City-State-Zip:	RIVERVIEW FL 33578
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	PATEL, HARSHADKUMAR	Name	PATEL, NIKHIL H
Address	5830 TULIP FLOWER DR	Address	760 ROSEMARY CIR
City-State-Zip:	RIVERVIEW FL 33578	City-State-Zip:	BRADENTON FL 34212
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	PATEL, PAMIR	Name	PATEL, YOGESHKUMAR
Address	11515 DUTCH IRIS DR	Address	1539 E MEMORIAL BLVD
City-State-Zip:	RIVERVIEW FL 33578	City-State-Zip:	LAKELAND FL 33801
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	KANERIA, MAHESHKUMAR S	Name	VIJTEJ IRREVOCABLE TRUST
Address	24448 VALENCIA DLVD	Address	17936 CACHET ISLE DR
City-State-Zip:	VALENCIA FL 91355	City-State-Zip:	TAMPA FL 33647

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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: TEJASH PATEL**MEMBER****05/01/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	AUTHORIZED MEMBER
Name	THE PATEL FAMILY REVOCABLE TRUST
Address	10830 WUNDERLICH DR
City-State-Zip:	CUPERTINO FL 95014