

2024 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
Name PATEL, LISA
Address 11412 DUTCH IRIS DR
City-State-Zip: RIVERVIEW FL 33578

Title AUTHORIZED MEMBER
Name PATEL, TEJASH
Address 11412 DUTCH IRIS DR
City-State-Zip: RIVERVIEW FL 33578

Title AUTHORIZED MEMBER
Name PATEL, HARSHADKUMAR
Address 5830 TULIP FLOWER DR
City-State-Zip: RIVERVIEW FL 33578

Title AUTHORIZED MEMBER
Name NZEGA LLC
Address 760 ROSEMARY CIR
City-State-Zip: BRADENTON FL 34212

Title AUTHORIZED MEMBER
Name PATEL, PAMIR
Address 11515 DUTCH IRIS DR
City-State-Zip: RIVERVIEW FL 33578

Title AUTHORIZED MEMBER
Name PATEL, YOGESHKUMAR
Address 1539 E MEMORIAL BLVD
City-State-Zip: LAKELAND FL 33801

Title AUTHORIZED MEMBER
Name KANERIA, MAHESHKUMAR S
Address 24448 VALENCIA DLVD
City-State-Zip: VALENCIA FL 91355

Title AUTHORIZED MEMBER
Name VIJTEJ IRREVOCABLE TRUST
Address 17936 CACHET ISLE DR
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

AUTHORIZED MEMBER

02/18/2024

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