

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000107654

**FILED**  
**Jan 24, 2022**  
**Secretary of State**  
**4551765680CC**

**Entity Name:** STRONG SIDE VENTURES LLC

**Current Principal Place of Business:**

2909 W BAY TO BAY BLVD  
SUITE 300  
TAMPA, FL 33629

**Current Mailing Address:**

2909 W BAY TO BAY BLVD  
SUITE 300  
TAMPA, FL 33629 US

**FEI Number:** 86-2441392

**Certificate of Status Desired:** No

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

SCHROEDER, KYLE J  
2909 W BAY TO BAY BLVD  
SUITE 300  
TAMPA, FL 33629 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 SCHROEDER, KYLE J  
Address 2909 W BAY TO BAY BLVD, SUITE 300  
City-State-Zip: TAMPA FL 33629

Title MGR  
Name PASSERO, JOSEPH M  
Address 2909 W BAY TO BAY BLVD, SUITE 300  
City-State-Zip: TAMPA FL 33629

Title MRG  
Name PIZZO, CHRIS  
Address 2909 W BAY TO BAY BLVD, SUITE 300  
City-State-Zip: TAMPA FL 33629

*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:** KYLE SCHROEDER

**MGR**

**01/24/2022**

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

\_\_\_\_\_  
Date