

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000527929

**Entity Name:** SIR I MANAGEMENT LLC

**Current Principal Place of Business:**

17011 WANDERING WAVE AVENUE  
BOCA RATON, FL 33496

**Current Mailing Address:**

17011 WANDERING WAVE AVENUE  
BOCA RATON, FL 33496

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ADAM COHEN, ESQ.  
1 EAST BROWARD BOULEVARD, SUITE 1800  
C/O BECKER & POLIAKOFF  
FORT LAUDERDALE, FL 33301 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           MANAGER  
Name           SCHLESINGER, TOMAS  
Address        17011 WANDERING WAVE AVENUE  
City-State-Zip: BOCA RATON FL 33496

Title           MANAGER  
Name           JONES, RICHARD  
Address        17011 WANDERING WAVE AVENUE  
City-State-Zip: BOCA RATON FL 33496

Title           MANAGER  
Name           ISRAEL, MONTEIRO  
Address        17011 WANDERING WAVE AVENUE  
City-State-Zip: BOCA RATON FL 33496

*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:** TOMAS SCHLESINGER

**MANAGER**

**04/29/2024**

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

\_\_\_\_\_  
Date