

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000452150

**Entity Name:** SGOBRIAL LLC

**Current Principal Place of Business:**

3546 SAINT JOHNS BLUFF RD S  
111  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

3215 TROUT CREEK CT  
SAINT AUGUSTINE, FL 32092 UN

**FEI Number:** 33-1679861

**Certificate of Status Desired:** No

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

GOBRIAL, SALAMA M  
3215 TROUT CREEK CT  
SAINT AUGUSTINE, FL 32092 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 AP  
Name GOBRIAL, SALAMA M  
Address 3215 TROUT CREEK CT  
City-State-Zip: SAINT AUGUSTINE FL 32092

*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:** SALAMA GOBRIAL

AP

01/23/2026

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

\_\_\_\_\_ Date