

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007216

Entity Name: SANIGLAZE INTERNATIONAL, LLC**Current Principal Place of Business:**4526 LENOX AVE.
JACKSONVILLE, FL 32205**Current Mailing Address:**4526 LENOX AVENUE
JACKSONVILLE, FL 32205 US**FEI Number:** 59-3635047**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSENBLOOM, PERCY III
1847 WOODMERE DR.
JACKSONVILLE, FL 32210 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 | CEO |
| Name | ROSENBLOOM, CARTER |
| Address | 4526 LENOX AVE. |
| City-State-Zip: | JACKSONVILLE FL 32205 |

| | |
|-----------------|-----------------------|
| Title | COO |
| Name | YONASH, MICHELE I |
| Address | 4526 LENOX AVE. |
| City-State-Zip: | JACKSONVILLE FL 32205 |

| | |
|-----------------|-----------------------|
| Title | CFO |
| Name | ROSENBLOOM, HOYT |
| Address | 4526 LENOX AVE. |
| City-State-Zip: | JACKSONVILLE FL 32205 |

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: MICHELE L YONASH

COO

04/10/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date