

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000175925

**Entity Name:** SVOBODA INVEST LLC**Current Principal Place of Business:**6719 6TH STREET WEST  
BRADENTON, FL 34207**Current Mailing Address:**6719 6TH STREET WEST  
BRADENTON, FL 34207**FEI Number:** 47-2416348**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TISKIEWIC, STANLEY  
6719 6TH STREET WEST  
BRADENTON, FL 34207 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            | SVOBODA, TOMAS       |
| Address         | 6719 6TH STREET WEST |
| City-State-Zip: | BRADENTON FL 34207   |

|                 |                      |
|-----------------|----------------------|
| Title           | MGR                  |
| Name            | TISKIEWIC, STANLEY   |
| Address         | 6719 6TH STREET WEST |
| City-State-Zip: | BRADENTON FL 34207   |

|                 |                          |
|-----------------|--------------------------|
| Title           | AMBR                     |
| Name            | BACHMANN, THOMAS H       |
| Address         | 4040 COBIA ESTATES DRIVE |
| City-State-Zip: | PUNTA GORDA FL 33955     |

|                 |                      |
|-----------------|----------------------|
| Title           | AMBR                 |
| Name            | KAN, LUKAS           |
| Address         | 6719 6TH STREET WEST |
| City-State-Zip: | BRADENTON FL 34207   |

*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:** THOMAS BACHMANN

MANAGING PARTNER

03/05/2019

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