2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000012523							FILED			
SAS, LLC							01 MAR 15 PM 4: 08			
							occosTARY	NE STATE		
Principal Plac	e of Business		Maiting Address				SECRETARY TALLAHASSE	E, FLORIDA		
279 NEWBURY STREET BOSTON MA 02116 279 NEWBURY STREET BOSTON MA 02116 BOSTON MA 02116							(, , , , , , , , , , , , , , , , , , ,			
2. Principal Place of Business 3. Mailing Address						-			18 1/1880 188 1	
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	9		City & State			4. FEI N	umber 3533930	14.24	Applied For Not Applicable	-
Zip Country			Zip Cour		ntry		icate of Status Desired	\$5.00 A	dditional	1
	6. Name and Addre	ss of Current F	legistered Agent	L	7. Name and Address of New Registered Agent					
					Name					
MARCUS, SCOTT A					Street Address	s (P.O. Box N	umber is Not Acceptable)	,	1
300 BISCAYNE BOULEVARD WAY SUITE 1111										1
MIAMI FL			City				FL Zip Co	ode	1	
R The above	named entity submits th	is statement for	the purpose of changing its	register	ed office or regist	ered agent.	or both, in the State of Flo			1
0. 1110 above	rianisa sinny sassimo a	o diatornovii ra	me parpers or energing m			•				
SIGNATURE .	Signature, typed or printed name	of registered agent at	nd title if applicable. (NOTI	E: Registere	nd Agent signature requi	red when reinstati	ng)	DATE		1
					FFF-10: 050-0:	• •	-	e. d]_
	<i>چن <u>ج</u>ے میں عمر دیا۔</i>		Make Check Pa		FEE IS \$50:00 to Department					
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9.		AGING MEMBE	RS/MEMBERS Delete	10. TITL	I · ·		ADDITIONS/	CHANGES Change	e 🔲 Addition	1 8
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STREET ADDRESS	279 NEWBURY STRI	ET			EET ADDRESS					18
CITY-ST-ZIP	BOSTON MA 02116	<u></u>		-	/-\$T-ZIP	*		☐ Change	e	- { }
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CITY-ST-ZIP				_CITY	r-St-zip	,	*************************************	<u>5.00 ****</u>	£55 <u>.</u> 00	4
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CITY-ST-ZIP	4				r-st-zip					
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NAME				NAM						
STREET ADDRESS CITY-ST-ZIP		*			EET ADORESS (-ST-ZIP					
11 I hereby o	certify that the information	n supplied with	this filing does not qualify for	r the exe	emotion stated in	Section 119.	07(3)(i), Florida Statutes.	further certify that the	a information	\dashv
indicated	on this report is true and	Laccurate and t	hat my signature shall have empowered to execute this	the same	e legal effect as i	f made unde	roath: that I am a manac	ing member or mana	ger of the	
	<i>_</i> <	1 0.57		والتسارة المجارة	' 奇		2/22	101		
SIGNAT	URE:	PRINTED NAME OF	SIGNING MANAGING MEMBER, MA		(シ R AUTHORIZED REPRE	SENTATIVE	Date	Daytime Phone	*	-