

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011047

FILED
Apr 16, 2009
Secretary of State

Entity Name: SACUTLER LLC

Current Principal Place of Business:

1915 BRICKELL AVENUE
#C1001
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

1320 S. DIXIE HWY
#214
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 26-0261659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURAI WALD BIONDO MORENO & BROCHIN, P.A.
TWO ALHAMBRA PLAZA
PENTHOUSE 1-B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAYEGH, N. MIGUEL
Address: 1915 BRICKELL AVENUE, #C1001
City-St-Zip: MIAMI, FL 33129 US

Title: MGRM () Delete
Name: SAYEGH, FOUAD
Address: 1915 BRICKELL AVENUE, #C1001
City-St-Zip: MIAMI, FL 33139 US

Title: MGRM () Delete
Name: SAYEGH DE DAHDAH, MAGALY
Address: 1915 BRICKELL AVENUE, #C1001
City-St-Zip: MIAMI, FL 33139 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: FOUAD SAYEGH

MGRM

04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date