

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000012523

**Entity Name:** SAS, LLC

**Current Principal Place of Business:**

132 NEWBURY STREET  
BOSTON, MA 02116

**Current Mailing Address:**

C/O GASTON SAFAR  
132 NEWBURY ST  
BOSTON, MA 02116

**FEI Number:** 04-3533930

**Certificate of Status Desired:** No

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

KROOP, RICHARD I  
RICHARD KROOP, ESQ  
800 WEST AVENUE, SUITE C-1  
MIAMI BEACH, FL 33139 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 MGRM  
Name SAFAR, GASTON  
Address 132 NEWBURY ST  
City-State-Zip: BOSTON MA 02116

*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:** SAFAR, GASTON

**MANAGER**

**02/13/2023**

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

\_\_\_\_\_  
Date