

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000039488

**Entity Name:** SAS DMD'S DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

421 SW BETHANY DR  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

421 SW BETHANY DR  
PORT ST. LUCIE, FL 34986 US

**FEI Number:** 51-0516536

**Certificate of Status Desired:** No

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

ASKELAND, RYAN E  
421 SW BETHANY DR  
PORT ST. LUCIE, FL 34986 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 ASKELAND, RYAN E  
Address 421 SW BETHANY DR  
City-State-Zip: PORT ST. LUCIE FL 34986

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RYAN ASKELAND

MGRM

04/22/2013

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

\_\_\_\_\_  
Date