

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061834

Entity Name: SAFO, LLC**Current Principal Place of Business:**20900 NE 30TH AVE.
SUITE 1015
AVENTURA, FL 33180**Current Mailing Address:**20900 NE 30TH AVE.
SUITE 1015
AVENTURA, FL 33180**FEI Number:** 52-2392205**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MGR
Name	THE NORTHERN TRUST COMPANY OF DELAWARE
Address	700 BRICKELL AVENUE
City-State-Zip:	MIAMI FL 33131

Title	MEMB
Name	THE NORTHERN TRUST COMPANY OF DELAWARE
Address	700 BRICKELL AVE.
City-State-Zip:	MIAMI FL 33131

Title	PRES
Name	PELED, EFRAT
Address	20900 NE 30TH AVENUE, SUITE 1015
City-State-Zip:	AVENTURA FL 33180

Title	OFCR
Name	JAWORSKI, DIANNE
Address	20900 NE 30TH AVENUE, SUITE 1015
City-State-Zip:	AVENTURA FL 33180

Title	OFCR
Name	FISHER, JANN
Address	20900 NE 30TH AVENUE, SUITE 1015
City-State-Zip:	AVENTURA FL 33180

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: JANN FISHER**OFFICER****02/01/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date