

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000048680

Entity Name: SAPLANT LLC**Current Principal Place of Business:**2600 S DOUGLAS ROAD
SUITE 609
CORAL GABLES, FL 33134**Current Mailing Address:**2600 S DOUGLAS ROAD
SUITE 609
CORAL GABLES, FL 33134 US**FEI Number:** 27-0450409**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FRAGA, ALBERT J
2600 S DOUGLAS ROAD
SUITE 610
CORAL GABLES, FL 33134 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:** ALBERT J FRAGA

02/04/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SAYEGH, NELSON
Address 2600 S DOUGLAS ROAD
SUITE 609
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name SAYEGH, MICHEL
Address 2600 S DOUGLAS ROAD
SUITE 609
City-State-Zip: CORAL GABLES FL 33134

Title MGRM, PRESIDENT, SECRETARY,
TREASURER
Name SAYEGH, FOUAD
Address 2600 S DOUGLAS ROAD
SUITE 609
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name FIVE DS FLORIDA HOLDING, LLC
Address 1250 E HALLANDALE BEACH BLVD
1002
City-State-Zip: HALLANDALE BEACH FL 33009

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: MICHEL SAYEGH

VP

02/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date