

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000065425

Entity Name: SAS KABIR, LLC**Current Principal Place of Business:**4545 INDIAN DEER RD
WINDERMERE, FL 34786**Current Mailing Address:**4545 INDIAN DEER RD
WINDERMERE, FL 34786**FEI Number:** 27-2881420**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KABIR, MD MAHFUZUL
4545 INDIAN DEER RD
WINDERMERE, FL 34786 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	KABIR, MD MAHFUZUL
Address	4545 INDIAN DEER RD
City-State-Zip:	WINDERMERE FL 34786

Title	MANAGER
Name	IRIN, RUBINA
Address	4545 INDIAN DEER RD
City-State-Zip:	WINDERMERE FL 34786

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: MD MAHFUZUL KABIR**PRESIDENT****02/09/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date