

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000092513

**Entity Name:** SARALL-ONE, LLC

**Current Principal Place of Business:**

503 CASEY KEY ROAD  
NOKOMIS, FL 34275

**Current Mailing Address:**

PO BOX 1786  
NOKOMIS, FL 34274 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BETTERTON, GREG APA  
735 E VENICE AVENUE  
SUITE 210  
VENICE, FL 34285 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 MACRAE, DAVID N  
Address PO BOX 1786  
City-State-Zip: NOKOMIS FL 34274

*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:** DAVID MACRAE

**MANAGER**

**02/25/2014**

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

\_\_\_\_\_  
Date