

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000096881

**Entity Name:** SABER CORNER II, LLC

**Current Principal Place of Business:**

20900 NE 30TH AVENUE, SUITE 812  
AVENTURA, FL 33180

**Current Mailing Address:**

80 BUSINESS PARK DRIVE ,SUITE 100  
ARMONK, NY 10504

**FEI Number:** 46-0812340

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 BERGER, MARTIN  
Address 80 BUSINESS PARK DRIVE, SUITE 100  
City-State-Zip: ARMONK NY 10504

Title MGRM  
Name KLINGER, MICHAEL  
Address 20900 NE 30TH AVENUE, SUITE 812  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL KLINGER

**AUTHORIZED PERSON**

**01/16/2014**

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

\_\_\_\_\_  
Date