## **2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000173816

**Entity Name: SATOR GROUP LLC** 

**Current Principal Place of Business:** 

5481 WILES RD SUITE 505

COCONUT CREEK, FL 33073

## **Current Mailing Address:**

5481 WILES RD SUITE 505 COCONUT CREEK, FL 33073 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MARTINEZ, GRACIELA 5481 WILES RD SUITE 505 COCONUT CREEK, FL 33073 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: GRACIELA MARTINEZ 10/24/2016

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGR

Name MARTINEZ, GRACIELA
Address 5481 WILES RD STE 505
City-State-Zip: COCONUT CREEK FL 33073

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.

FILED Oct 24, 2016

**Secretary of State** 

CR1547916140