

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 24 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000009432

1. Entity Name
SAB, L.L.C.

Principal Place of Business
5401 KIRKMAN ROAD, SUITE 525
ORLANDO FL 32819

Mailing Address
5401 KIRKMAN ROAD, SUITE 525
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOROVITZ, AARON J
215 NORTH EOLA DRIVE
ORLANDO FL 32801

Name GUPTA, SURESH K

Street Address (P.O. Box Number is Not Acceptable)

5401 KIRKMAN RD SUITE 525

City ORLANDO

FL

Zip Code 32819

8. 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

Signature, typed or printed name of registered agent and title if applicable.

SURESH K. GUPTA

(NOTE: Registered Agent signature required when reinstating)

4/19/2001

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700004195077--8
-05/11/01--01021--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGR
GUPTA, SURESH K
5401 KIRKMAN RD SUITE 525
ORLANDO FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGR
AGGARWAL, BRAHAM R
5401 KIRKMAN RD SUITE 525
ORLANDO FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGR
DESHPANDE, ANIL
5401 KIRKMAN RD SUITE 525
ORLANDO FL 32819

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SURESH K GUPTA

4/19/2001

407 206 4011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)