

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90382 031 ****50.00

DOCUMENT # L00000010624

1. Entity Name

SAHR, LLC

Principal Place of Business

**1201 CORNWALL ROAD
SANFORD FL 32773**

Mailing Address

**1201 CORNWALL ROAD
SANFORD FL 32773**

2. Principal Place of Business

600 N. HWY-17-92

Suite, Apt. #, etc.

LONGWOOD, FL.

City & State

3. Mailing Address

P.O. Box 951382

Suite, Apt. #, etc.

LONGWOOD

City & State

LAKE MARY, FL.

Zip

32746

Country

SEMINOLE

Zip

32795

Country

SEMINOLE

4. FEI Number

APPLIED FOR

59-3633137

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MANJI, SHABBIRALI F
1201 CORNWALL ROAD
SANFORD FL 32773**

7. Name and Address of New Registered Agent

Name

MANJI, SHABBIRALI F

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

City

FL

Zip Code

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

MANJI SHABBIRALI F. MANJI MANAGER

04-09-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MANJI, SHABBIRALI F L**
STREET ADDRESS **1201 CORNWALL ROAD**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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:

MANJI SHABBIRALI F. MANJI

04/09/02

407-474-1335

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

Date

Daytime Phone #

CR2E083 (9/01)