LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

L01000005162

DOCUMENT # L01000005162

BEINSTATEMENT FILED

03 JAN -3 AM 8:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Entity Name
Saady & Saxe, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5118 Rue Vendome	5118 Rue Vendome
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lutz FL	City & State: Lutz FL
Zip: 33549 Country:	Zip: 33549 Country:

1/3 DO NOT WRITE IN THIS SPACE 2002

4. FEI Number: 81-0560267 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Daniel L. Saxe

Street Address (P.O. Box Number is Not Acceptable): 5118 Rue Vendome

City: Lutz FL Zip Code: 33549

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] 2-12-03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

600009805026
01/03/03 01029 003
$150.00

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Claire Saady 5118 Rue Vendome Lutz FL 33549	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E083B (12/01)

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: [signature] 2-12-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #