

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # L01000009035

1. Entity Name
S.A.S. OF CENTRAL FLORIDA, L.L.C.



Principal Place of Business

2221 N. BLVD. WEST
DAVENPORT, FL 33837

Mailing Address

P.O. BOX 667
DAVENPORT, FL 33836



01122005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3746776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALKASS, MARK
2221 NORTH BOULEVARD WEST
DAVENPORT, FL 33837-8990

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

SECRETARY

DATE

1/31/05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALKASS, MARK
STREET ADDRESS	2221 NORTH BLVD WEST
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	MGRM
NAME	SAN MARTIN, JULIO RAUL
STREET ADDRESS	2221 NORTH BLVD WEST
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	MGRM
NAME	SALAMANCA, EDWIN MANUEL
STREET ADDRESS	2221 NORTH BLVD WEST
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000213218
02/03/05-80061-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/31/05 863-421-7600