

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009035

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

2221 N BLVD WEST
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

PO BOX 667
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 59-3746776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALKASS, MARK
2221 NORTH BOULEVARD WEST
DAVENPORT, FL 338378990 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALKASS, MARK
Address: 2221 NORTH BLVD WEST
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM () Delete
Name: SAN MARTIN, JULIO R
Address: 2221 NORTH BLVD WEST
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM () Delete
Name: SALAMANCA, EDWIN M
Address: 2221 NORTH BLVD WEST
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARK ALKASS

SEC

04/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date