FILED
Jun 30, 2003 8:00 am
Secretary of State
06-30-2003 90001 034 ****60.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011004

1. Entity Name
S & A GIFTS, LLC

10109208

Principal Place of Business	Mailing Address
2826 ROLLMAN RD ORLANDO, FL 32837	11450 MARABELLA PALMS COURT ORLANDO, FL 32837

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
25 TOWN CENTER BLVD	25 TOWN CENTER BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT, FLORIDA	City & State: CLERMONT, FLORIDA
Zip: 34711 Country: USA	Zip: 34711 Country: USA

4. FEI Number: 59-3729220 — 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
KATBEH, ASSEM 2826 ROLLMAN RD ORLANDO, FL 32837	Name 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! Fee is $60.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KATBEH, ASSEM		NAME	
STREET ADDRESS	2826 ROLLMAN RD		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KATBEH, SAWSAN		NAME	
STREET ADDRESS	4574 PARK SPRING CIR		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E083 (10/02)

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: Asem Katbeh ASEM KATBEH 4/29/03 407-908-3590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #