

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State

02-07-2005 90284 022 ****55.00

DOCUMENT # L01000014745

1. Entity Name
S.A.C. X, LLC.



Principal Place of Business
**P.O. BOX 24498
ST SIMONS ISLAND GA 31522**

Mailing Address
**P.O. BOX 24498
ST SIMONS ISLAND GA 31522**

00001700



1st MOORE CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **84114**
58-264 AP-PLIED FOR

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

Signature, typed 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 Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP
**P.O. BOX 24498
ST SIMONS ISLAND GA 31522**

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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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:

Sally A Carroll MGRM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-1-2005 912-996-3300
Date Daytime Phone #