

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2003 8:00 am
Secretary of State

09-26-2003 90004 028 *****50.00

DOCUMENT # L01000017264

1. Entity Name

SAS ENTERTAINMENT, LLC



Principal Place of Business

**10548 DEMILO PLACE
308
ORLANDO FL 32836**

Mailing Address

**PO BOX 690188
ORLANDO FL 32869**

2. Principal Place of Business

3. Mailing Address

PO BOX 690176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

Zip

Country

Zip

32869

Country

4. FEI Number **59-3749025**

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

**KARDUSH, ALLAN
10548 DEMILO PLACE
308
ORLANDO FL 32836**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KARDUSH, LARISSA	
STREET ADDRESS	10548 DEMILO PLACE 308	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KARDUSH, SORAYA	
STREET ADDRESS	10548 DEMILO PLACE 308	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KARDUSH, ALLAN	
STREET ADDRESS	10548 DEMILO PLACE 308	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	KARDUSH, ALLAN	
STREET ADDRESS	10548 DEMILO PLACE 308	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	KARDUSH, LARISSA	
STREET ADDRESS	10548 DEMILO PLACE 308	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	KARDUSH, SORAYA	
STREET ADDRESS	10548 DEMILO PLACE	
CITY-ST-ZIP	ORLANDO FL 32826	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CASANAS, LUIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PO BOX 692108	
STREET ADDRESS	ORLANDO, FL 32869	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: _____ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

09/24/03

Date

Daytime Phone #

CR2E083 (4/03)