

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-05-2004 90010 018 ****50.00

DOCUMENT # LCT000018026					
1. Entity Name SASS BILLING, LLC					
Principal Place of Business 5350 SPRING HILL DRIVE SPRING HILL, FL 34606			Mailing Address 5350 SPRING HILL DRIVE SPRING HILL, FL 34606		
2. Principal Place of Business 230 Dan River Drive Suite, Apt. #, etc.		3. Mailing Address 230 Dan River Dr Suite, Apt. #, etc.		34007765 	
City & State SPRINGHILL, FL		City & State SPRINGHILL FL		4. FEI Number 59-3755535	
Zip 34606		Country HERNANDO		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AUGELLO, AGNES 5350 SPRINGHILL DR SPRING HILL, FL 34606			7. Name and Address of New Registered Agent Name: <u>Augello, Agnes</u> Street Address (P.O. Box Number is Not Acceptable): <u>230 Dan River Dr</u> City: <u>SPRINGHILL</u> FL <u>34606</u>		
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: <u>Agnes Augello</u> 4-1-04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUGELLO, STEPHEN 5350 SPRINGHILL DR SPRING HILL, FL 34606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER. AGNES AUGELLO 230 Dan River Dr. SPRINGHILL FL 34606	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER AUGELLO, STEPHEN 230 Dan River Dr. SPRINGHILL, FL 34606	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Stephen Augello</u> STEPHEN AUGELLO			4-1-2004 352-799-1806		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		