

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90228 012 ****50.00

DOCUMENT # L02000003405

1. Entity Name

SA ASSOCIATES LLC



Principal Place of Business

**1401 MANATEE AVE. WEST, STE. 520
BRADENTON FL 34205**

Mailing Address

**1401 MANATEE AVE. WEST, STE. 520
BRADENTON FL 34205**

20009180

2. Principal Place of Business

1401 Manatee Ave W

3. Mailing Address

1401 Manatee Ave W

Suite, Apt. #, etc.

Suite 910

Suite, Apt. #, etc.

Suite 910

City & State

Bradenton Florida

City & State

Bradenton Florida

Zip

34205

Country

USA

Zip

34205

Country

USA

4. FEI Number

N/A

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MURRELL, FREDERICK J
1401 MANATEE AVE. WEST, STE. 520
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name **FREDERICK J. MURRELL**

Street Address (P.O. Box Number is Not Acceptable)

1401 MANATEE AVE W

Suite 910

City **BRADENTON**

FL

Zip Code

34205

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

Frederick J. Murrell

FREDERICK J. MURRELL

01/08/2003

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, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete
NAME **FREDERICK J. MURRELL**
STREET ADDRESS **1401 MANATEE AVE W STE 910**
CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE **MANAGING MEMBER** ☐ Delete
NAME **KEVIN A. MARSHBURN**
STREET ADDRESS **1401 MANATEE AVE W STE 910**
CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Frederick J. Murrell

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

01/08/2003

Date

(41) 741-8506

Daytime Phone #

CR2E083 (10/02)