

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90025 033 \*\*\*\*50.00

**DOCUMENT # L02000013196**

1. Entity Name

**SAP LLC**



Principal Place of Business

%MICHAEL V MITRIONE-GUNSTER, YOAKLEY  
777 S. FLAGLER DR., STE. 500 EAST  
WEST PALM BEACH FL 33401

Mailing Address

%MICHAEL V MITRIONE-GUNSTER, YOAKLEY  
777 S. FLAGLER DR., STE. 500 EAST  
WEST PALM BEACH FL 33401

2. Principal Place of Business

**6006 S.W. 18th Street**

3. Mailing Address

**6006 S.W. 18th Street**

Suite, Apt. #, etc.

**B-7**

Suite, Apt. #, etc.

**B-7**

City & State

**Boca Raton Florida**

City & State

**Boca Raton FL**

Zip

**33433**

Country

**USA**

Zip

**33433**

Country

**USA**

4. FEI Number

**02-0613299**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.**  
**777 S. FLAGLER DR., STE. 500 EAST**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **President** ☐ Delete  
NAME **Paul Misciagno**  
STREET ADDRESS **6006 S.W. 18th Street #B-7**  
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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  
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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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**2/8/03 (561) 347-0302**

CR2E083 (10/02)