

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

04-11-2003 90018 047 ****50.00

DOCUMENT # L02000014746



1. Entity Name
SARAH HOLDINGS, LLC

Principal Place of Business
**1942 LARGO VISTA BOULEVARD
PALM HARBOR FL 34685**

Mailing Address
**PO BOX 6067
PALM HARBOR FL 34684**

2. Principal Place of Business

3. Mailing Address

136 BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WOODCLIFF LK, NJ

4. FEI Number

61-1418048

Applied For

Not Applicable

Zip

Country

Zip

Country

07677

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

**EKONOMIDES, NICKOLAS C
NICKOLAS C. EKONOMIDES, P.A.
791 BAYWAY BOULEVARD
CLEARWATER FL 33767**

Name **CHAMOUN JALLO**

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

1942 LARGO VISTA BLVD.

City **PALM HARBOR**

FL

Zip Code
34685

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

X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

4/26/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**P
CHAMOUN JALLO
1942 LARGO VISTA BLVD.
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: **X** **CHAMOUN JALLO**

3-31-03

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

Date

Daytime Phone #

CR2E083 (10/02)