FILED Feb 14, 2003 8:00 am Secretary of State 01-22-2003 90106 018 \*\*\*\*50.00

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UNIFORM BUSINESS REF	(UBR)		
DOCUMENT # L02000016655  1. Entity Name SASSON, LLC	``		

1. Entity Name SASSON, LLI	ENT # <b>LO20000</b> °	10000					60	<b>3</b> 0	·	
Principal Place of Business Mailing Address 11451 N.W. 38TH AVENUE 11451 N.W. 38TH AVENUE MIAM FL 33167						UU672	na gran Stiff Si	ade men c <b>ut</b> t		
2. Principal Place	e of Business	3. Mailing Address				011 <b>00</b> 110 1101f 0 <b>3</b> 111 <b>0</b> 01	EII <b>Fü</b> lfi <b>be</b> for et	HAD BIHLA BAKAN DA	126 OHT TOUS	
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.	·			CHECK HERE	IF MAKING			
City & State		City & State			4. FEI NUTIL	led A	DR_	<u> </u>	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Requires		
	6. Name and Address of Current R	egistered Agent	<u> </u>		7. Name and	Address of New	Registered /	Agent		-
			1	Name						•
2655 Li	an, Bennett G Ejeune Road, Suite 508	· · • • • • • • • • • • • • • • • • • •		Street Address (	P.O. Box Numbe	er is Not Acceptable	le)			-
CORAL	GABLES FL 33134									
i			T	City		*	FL	Zip Codi	8	
8. The above nar	med entity submits this statement for	the purpose of changing its	registered (	office or register	ed agent, or bot	h, in the State of F	lorida. I am i	ferniliar with,	and accept	
the obligations	s of registered agent.								!	
SIGNATURE	nature, typed or printed name of registered agent at	id title if applicable. (NOTE	: Registered Ag	pent signature required	when reinstating)		DATE			
										ı
	,			E IS \$50.00						
		Make Check Payabl		da Departme	nt of State					
9.	MANAGING MEMBEF	Make Check Payabl Due	e to Flori	da Departme	nt of State	ADDITIONS	S/CHANGES			
9.	MANAGING MEMBER	Make Check Payabl Due	e to Florio By May 10.	da Departme 1, 2003	iber		S/CHANGES	☐ Change	Addition	(40)
TILE NAME	MANAGING MEMBER	Make Check Payabl Due RS/MANAGERS	e to Florie By May	da Departme 1, 2003	iber		S/CHANGES		Addition	93 (40/02)
πιε	MANAGING MEMBER	Make Check Payabl Due RS/MANAGERS	E to Floric By May 10. TITLE NAME	da Departme 1, 2003 Mcm 2 A K 1649	iber Ay Sasso S N.E. 33	ADDITIONS  THE AVENUE  S. 161, 33		☐ Change		DE0.00 (40,00)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER	Make Check Payabl Due IS/MANAGÉRS	B to Florid By May  10.  TITLE NAME STREET A CITY-ST  TITLE NAME	da Departme 1, 2003  Mem 2AK ADORESS 1649 -ZIP Eas	ober Ay Sasso S W.E. 39 Gern Show	IN Avenue  S. Fl, 33  Member		☐ Change		CD0E083 (40/00)
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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 eath; that I am a managing member or manager of the ilmited liability company or the receiver or pustee empowered to execute this report as required by Chapter 608, Florida Statutes.