2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State
04-08-2004 90273 043 ****50.00

DOCUMENT # L02000030457

1. Entity Name
SAS MIAMI, LLC

Principal Place of Business	Mailing Address
777 N.W. 72 AVENUE STE. 2J2 MIAMI, FL 33126	777 N.W. 72 AVENUE STE. 2J2 MIAMI, FL 33126

04022004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
35 NE 38TH Street	35 NE 38TH Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33137 Country: U.S	Zip: 33137 Country: U.S

4. FEI Number 20-0043987 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCEMLA, SEBASTIEN
777 N.W. 72 AVENUE STE. 2J2
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: SCEMLA, SEBASTIEN
Street Address (P.O. Box Number is Not Acceptable): 322 S. PARKWAY
City: Golden Beach FL Zip Code 33160

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] Sebastien Scemla 04/07/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	SCEMLA, SEBASTIEN		NAME	Scemla, Sebastien	
STREET ADDRESS	777 N.W. 72 AVENUE STE. 2J2		STREET ADDRESS	322 S. PARKWAY	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	Golden Beach FL 33160	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] Sebastien Scemla 04/07/04 305 576 4470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #