

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 777 N.W. 72 AVENUE STE. 2J2 MIAMI, FL 33126	Mailing Address 777 N.W. 72 AVENUE STE. 2J2 MIAMI, FL 33126
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2. Principal Place of Business 35 NE 38TH STREET	3. Mailing Address 35 NE 38TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33137	Zip 33137
Country U.S.	Country U.S.

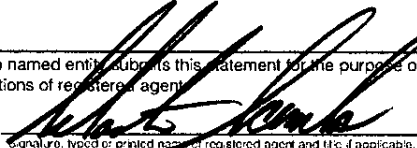
04022004 Chg-LLC CR2E083 (10/03)

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

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCEMLA, SEBASTIEN 777 N.W. 72 AVENUE STE. 2J2 MIAMI, FL 33126

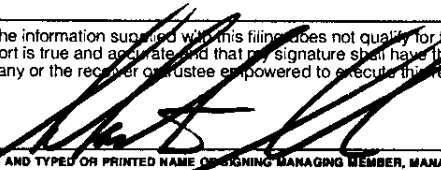
7. Name and Address of New Registered Agent	
Name SCEMLA, SEBASTIEN	
Street Address (P.O. Box Number is Not Acceptable) 322 S. PARKWAY	
City Golden Beach	Zip Code FL 33160

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 	DATE 04/07/04

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCEMLA, SEBASTIEN 777 N.W. 72 AVENUE STE. 2J2 MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM, SEBASTIEN SCEMLA, SEBASTIEN 322 S. PARKWAY Golden Beach FL 33160 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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)(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: 	DATE 04/07/04