

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03269900059  
9/24/2003-90047-005-\$50.00-\$50.00

DOCUMENT # L02000031855

1. Entity Name

SAS HOLDINGS, L.L.C.



FILED

2003 OCT -8 PM 12:17

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

|                                                                                                          |         |                                                                                              |         |
|----------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------|---------|
| Principal Place of Business<br>C/O STEPHANIE C. HOLT<br>7207 EAST CYPRESSHEAD DRIVE<br>PARKLAND FL 33067 |         | Mailing Address<br>C/O STEPHANIE C. HOLT<br>7207 EAST CYPRESSHEAD DRIVE<br>PARKLAND FL 33067 |         |
| 2. Principal Place of Business                                                                           |         | 3. Mailing Address                                                                           |         |
| Suite, Apt. #, etc.                                                                                      |         | Suite, Apt. #, etc.                                                                          |         |
| City & State                                                                                             |         | City & State                                                                                 |         |
| Zip                                                                                                      | Country | Zip                                                                                          | Country |

4. FEI Number **55-0808869** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

|                                                                                                                                        |  |                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>KRAMER, ROBERT M<br>4000 HOLLYWOOD BOULEVARD, SUITE 485-SOUTH<br>HOLLYWOOD FL 33021 |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>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

*Stephanie Holt*  
Signature, typed or printed name of registered agent and user 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 September 24, 2003

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                            | 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HOLT, STEPHANIE C<br>7207 E. CYPRESSHEAD DRIVE<br>PARKLAND FL 33067 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

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

9/22/03 (954) 755-1100  
Date Daytime Phone #

CR2E083 (4/03)