

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000005754

1. Entity Name
SAWGRASS OFFICE CENTER LLC



Principal Place of Business
**4651 SHERIDAN STREET
SUITE 303
HOLLYWOOD, FL 33021 US**

Mailing Address
**4651 SHERIDAN STREET
SUITE 303
HOLLYWOOD, FL 33021 US**



01182006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0630266

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GHTIS, LEO
3710 N 37TH TERRACE
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2006**

UN00000436113
02/27/06-80024-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GHTIS, LEO 3710 NORTH 37 TERRACE HOLLYWOOD, FL 330215
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime phone #

2/6/06 954 665-3001