2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000005754

SAWGRASS OFFICE CENTER LLC



Principal Place of Business

4651 SHERIDAN STREET

SUITE 303 HOLLYWOOD, FL 33021

Mailing Address

4651 SHERIDAN STREET

SUITE 303

HOLLYWOOD, FL 33021 US



FILED Jul 14, 2008 08:00 AM Secretary of State



07072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	(Applied For
20-0630266		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

	EO TH TERRACE DOD, FL 33021		S SPACE
8. The above	named entity submits this statement for the purpose of char	anging its registered office or registered agent, or both, in the	
the obligat	tions of registered agent.		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent algosture required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 In accordant liability com	nce with s. 607.193(2)(b), F.S., the limited apany did not receive the prior notice.	
9.	MANAGING MEMBERS/MANAGERS	\$ \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Set in a surfer was to make the time
TITLE NAME	MGR GHITIS, LEO		
STREET ADDRESS	3710 NORTH 37 TERRACE	a ser de la faction de la company de la comp	000000954710 (14208–80010-024, 138, 75
CITY-ST-ZIP	HOLLYWOOD, FL 330215		(14%08-80010-024, 138, 75 🕬
HTLE NAME		网络大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大	A appropriate for the second
STREET ADDRESS		st for a financial strain of the first age	,
CITY-ST-ZIP TITLE			`. ·
NAME		And the second s	High property to the
STREET ADDRESS		DONO	TWRITE
TITLE		the state of the s	
NAME		iaiN I ПII Lotaios y a secondo e sina Ass	S SPACE
STREET ADDRESS			
TITLE		- The Company of the	
AME		of a factor to the first great free	
STREET ADDRESS SITY - ST- ZIP	,	the wine of the winding the	दृष्टं के के के के कुला है हैं है जिसके हैं है कि देश है है है
	1	■ * · · · · · · · · · · · · · · · · · ·	and the contract of the contra

pplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information courate 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 er or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the information indicated on this report is true and limited liability company or the reer or trustee empo

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daveme Phone #