

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000014146

Entity Name: SA & ASSOCIATES, LLC

**FILED**  
**Sep 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3790 NW 24TH STREET  
FT. LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8541  
FT. LAUDERDALE, FL 33310 US

**New Mailing Address:**

FEI Number: 02-0717851

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C&R SOD  
2413 NW 19 STREET  
FT. LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: C&R SOD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: AARON, LA SHAUN M  
Address: 3790 NW 24TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33311 US

Title: MGRM  
Name: AARON, JOHN  
Address: 3790 NW 24TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33311 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LA SHAUN AARON

PRES

09/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date