2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2008 08:00 AM
Secretary of State

U00000955547
07/18/08-80002-009 143.75

DOCUMENT # L04000030651

1. Entity Name
SAYAF PROPERTIES, LLC

Principal Place of Business	Mailing Address
1147 EDGEWOOD AVENUE SOUTH JACKSONVILLE, FL 32205	1147 EDGEWOOD AVENUE SOUTH JACKSONVILLE, FL 32205

07062008 No Chg-LLC CR2E063 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARQUINEZ, ROMUALDO C JR
6320 ST. AUGUSTINE ROAD
BUILDING 12
JACKSONVILLE, FL 32217

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SAYAF, KONSTANTINE DMD
STREET ADDRESS	1147 EDGEWOOD AVENUE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X _____

SIGNATURE AND TYPED OR PRINTED NAME OF MGRM MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #