

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000084858

Entity Name: S.A.P. LLC

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

121 W. CLARK ST.  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2129  
QUINCY, FL 32353

**New Mailing Address:**

FEI Number: 20-1912801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SUBER, STEWART  
121 W. CLARK ST.  
QUINCY, FL 32351 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:

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SUBER, STEWART  
Address: PO BOX 349  
City-St-Zip: QUINCY, FL 32353

Title: MGR  
Name: WILLIAMS, PAUL W  
Address: PO BOX 2129  
City-St-Zip: QUINCY, FL 32353

Title: MGR  
Name: COX, ALBERT  
Address: PO BOX 2129  
City-St-Zip: QUINCY, FL 32353

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: PAUL W WILLIAMS

MGR

01/03/2012

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