


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 21, 2008 08:00 AM
Secretary of State**

DOCUMENT # L05000032866 1. Entity Name SARA & SARA, LLC	
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Principal Place of Business 9366 CRUGAR TERRACE ENGLEWOOD, FL 34224	Mailing Address 9366 CRUGAR TERRACE ENGLEWOOD, FL 34224
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4566557	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVID A. DUNKIN, P.A. 170 WEST DEARBORN STREET ENGLEWOOD, FL 34224
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and LLC, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000913631
05/08/08-80022-025 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SANNER, SARA 9366 CRUGAR TERRACE ENGLEWOOD, FL 34224
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05/08/08-80022-026 5.00

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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #