## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90074 031 \*\*\*\*50.00 DOCUMENT # L05000037592 1. Entity Name SASS, LLC Principal Place of Business Mailing Address 530 PEACHTREE RD. 530 PEACHTREE RD. SANIBEL, FL 33957 SANIBEL, FL 33957 04272007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1754247 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ISLAM, SAIFUL 530 PEACHTREE RD. SANIBEL, FL 33957 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE ISLAM, SAIFUL NAME 530 PEACHTREE RD. STREET ADDRESS CITY-ST-ZIP SANIBEL, FL 33957 Ime ISLAM, ELALIA NAME STREET ADDRESS 530 PEACHTREE RD. CITY-ST-ZIP SANIBEL, FL 33957 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IIIF STREET ADDRESS CITY-ST-ZIP TITLE

**FILED** 

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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #