

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000064995

1. Entity Name  
S & A PROPERTY LLC



Principal Place of Business  
14800 N. MIAMI AVENUE  
MIAMI, FL 33168

Mailing Address  
14800 N. MIAMI AVENUE  
MIAMI, FL 33168

**FILED**  
**Sep 05, 2008 08:00 AM**  
**Secretary of State**



07212008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3081130

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SWEIDAN, JOHNNY B  
148 N. MIAMI AVENUE  
MIAMI, FL FL331-68

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PMM
NAME	SWEIDAN, JOHNNY B
STREET ADDRESS	14800 N MIAMI AVE
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	VPS
NAME	YUSSARY, CASTELLANOS
STREET ADDRESS	14800 N MIAMI AVE
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000959147  
09/05/08-80005-006 138.75

**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**

*Johnny Sneider*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9/1/08

Date

(305)940-5152

Daytime Phone #