

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069997

FILED  
Aug 08, 2007  
Secretary of State

**Entity Name:** THE SASTUN, L.L.C.

**Current Principal Place of Business:**

19 BRENTWOOD LANE #7  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

340 SUMMERSET LANE  
ATLANTA, GA 30328

**New Mailing Address:**

FEI Number: 20-3157413      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

POLAKOFF, KIM  
19 BRENTWOOD LANE #7  
SANTA ROSA BEACH, FL 32459      US

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      ( ) Delete  
Name: POLAKOFF, KEEN JAY  
Address: 340 SUMMERSET LANE  
City-St-Zip: ATLANTA, GA 32459

Title: MGR      ( ) Delete  
Name: POLAKOFF, KIM  
Address: 340 SUMMERSET LANE  
City-St-Zip: ATLANTA, GA 32459

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KIM POLAKOFF

MGRM

08/08/2007

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