

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90049 042 ****50.00

DOCUMENT # L05000099754

1. Entity Name
SAIL GROUP, LLC.



Principal Place of Business
15677 SW 53 STREET
MIRAMAR, FL 33027

Mailing Address
15677 SW 53 STREET
MIRAMAR, FL 33027

DO NOT WRITE IN THIS SPACE



01022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3607415

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

VALLE, SANDRA M
15677 SW 53 STREET
MIRAMAR, FL 33027

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FINA DE VALLE, CARMENZA M
STREET ADDRESS 15677 SW 53 STREET
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE MGR
NAME VALLE, SANDRA M
STREET ADDRESS 15677 SW 53 STREET
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

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

Date

Daytime Phone #