

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

1. Entity Name  
SANBAR REALTY, LLC



Mailing Address  
444 SEABREEZE BLVD., STE. 1002  
DAYTONA BEACH, FL 32118

**DO NOT WRITE IN THIS SPACE**



CR2E083 (12/07)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**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**  
**After May 1, 2008 Fee will be \$538.75**

05/22/08-80040-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MILLER, SANFORD
STREET ADDRESS	444 SEABREEZE BLVD SUITE 1002
CITY - ST - ZIP	DAYTONA BEACH, FL 32118

TITLE	MGRM
NAME	BARFIELD, RANDY
STREET ADDRESS	3544 NORTH LAKESHORE DR
CITY-ST-ZIP	CLEMMONS, NC 27012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

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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:**

SANFORD MILLER

4/22/08

386-238-7035

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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_