

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000056000

**Entity Name:** SARF OF ST. AUGUSTINE, LLC

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

140-144 ST. GEORGE STREET  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

211 WEST 9TH STREET  
NEWTON, NC 28658

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SHEPPARD, SEAN P ESQ  
SHEPPARD & SHEPPARD, P.A.  
1301 PLANTATION ISLAND DR. SOUTH STE 204A  
ST. AUGUSTINE, FL 320803111 US

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

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  
Name: FREEMAN, SLOANE A  
Address: 211 WEST 9TH STREET  
City-St-Zip: NEWTON, NC 28658

Title: MGR  
Name: FREEMAN, ROSE MARIE  
Address: 211 WEST 9TH STREET  
City-St-Zip: NEWTON, NC 28658

I hereby 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: SLOANE A FREEMAN

MGR

02/20/2011

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