

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089439

Entity Name: SADAS, LLC

FILED
Aug 25, 2009
Secretary of State

Current Principal Place of Business:

811 APPLEBY STREET
BOCA RATON, FL 33487

New Principal Place of Business:

2214 SPANISH TRAIL
DELRAY BEACH, FL 33483

Current Mailing Address:

811 APPLEBY STREET
BOCA RATON, FL 33487

New Mailing Address:

2214 SPANISH TRAIL
DELRAY BEACH, FL 33483

FEI Number: 26-3382233 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:

WOJNAR, SARA M
811 APPLEBY
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

WOJNAR, SARA M
2214 SPANISH TRAIL
DELRAY BEACH, FL 33483 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: SW

08/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOJNAR, SARA M
Address: 811 APPLEBY
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM (X) Delete
Name: WOJNAR, NICHOLAS J
Address: 811 APPLEBY
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOJNAR, SARA M
Address: 2214 SPANISH TRAIL
City-St-Zip: DELRAY BEACH, FL 33483

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: SARA WOJNAR

MGRM

08/25/2009

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