

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000065857

Entity Name: SARYN LLC

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

348 ALVAR CIRCLE  
ST JOHNS, FL 32259

**New Principal Place of Business:**

348 ALVAR CIRCLE  
ST JOHNS, FL 32259 UN

**Current Mailing Address:**

348 ALVAR CIRCLE  
ST JOHNS, FL 32259

**New Mailing Address:**

FEI Number: 45-2469710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZAKARIA, SAMIR  
348 ALVAR CIRCLE  
ST JOHNS, FL FL 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: MGRM  
Name: ZAKARIA, SAMIR  
Address: 348 ALVAR CIRCLE  
City-St-Zip: ST JOHNS, FL 32259

Title: MGRM  
Name: ZAKARIA, ABIR J  
Address: 348 ALVAR CIRCLE  
City-St-Zip: ST JOHNS, FL 32259

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: SAMIR ZAKARIA

MGRM

02/07/2012

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