

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008635

1. Entity Name
THE SAC LIMITED LIABILITY COMPANY

Principal Place of Business Mailing Address

1015 Spanish River Rd. Same
~~1015 Spanish River Rd. Boca Raton FL 33432~~

2. Principal Place of Business 3. Mailing Address

Same Same

Suite, Apt. #, etc. Suite, Apt. #, etc.

305

City & State City & State

Boca Raton, FL

Zip Country Zip Country

33432 USA

4. FEI Number Applied For

65-0974285 Not Applicable

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

6. Name and Address of Current Registered Agent

Suzan R. Bell
1015 Spanish River Rd
#305
Boca Raton FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 13 PM 2:17

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
Suzan R. Bell			0000003183850--1	
1015 Spanish River Rd #305			03/24/00--01114--009	
Boca Raton FL 33432			*****55.00 *****55.00	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
Catole Bell Hart				
1015 Spanish River Rd #305				
Boca Raton FL 33432				
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated 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: Suzan R. Bell SUZAN R. BELL 3/7/00 561/680-3040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)