

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008635

1. Entity Name
THE SAC LIMITED LIABILITY COMPANY

FILED

01 JAN 25 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1015 SPANISH RIVER ROAD, #305
BOCA RATON FL 33432

Mailing Address

1015 SPANISH RIVER ROAD, #305
BOCA RATON FL 33432

2. Principal Place of Business

PO Box 371166
Suite, Apt. #, etc.

3. Mailing Address

PO Box 371166
Suite, Apt. #, etc.

City & State

LAS VEGAS, NV

City & State

LAS VEGAS, NV

Zip

Country

89137-1166 USA

Zip

Country

89137-1166 USA

4. FEI Number

65-0974285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELL, SUZAN

1015 SPANISH RIVER ROAD, #305
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

ROSEMARY LINDSEY, ESQ

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

2601 E. OAKLAND PARK BLVD #603

City

FT LAUDERDALE

FL

Zip Code

33306

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

Suzan Bell SUZAN BELL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/01

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME HART, CAROLE B
STREET ADDRESS 1015 SPANISH RIVER ROAD, #305
CITY-ST-ZIP BOCA RATON FL 33432

☐ Delete

TITLE MGR
NAME BELL, SUZAN R
STREET ADDRESS 1015 SPANISH RIVER ROAD, #305
CITY-ST-ZIP BOCA RATON FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS / CHANGES

TITLE MGR
NAME CAROLE BELL HART
STREET ADDRESS 4514 LAUREL RIDGE LANE
CITY-ST-ZIP MORGANTOWN WV 26508

☒ Change ☐ Addition

TITLE MGR
NAME CAROLE BELL
STREET ADDRESS PO BOX 371166
CITY-ST-ZIP LAS VEGAS NV 89137-1166

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 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:

Suzan Bell SUZAN BELL

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

Date

1/10/01

Daytime Phone #

561-703-6958

CR2E083 (11/00)