Amended

04-10-2003 90023 021 ****50.00
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FILED
03 APR 16 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008635

1. Entity Name

THE SAC LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2601 EAST OAKLAND PARK BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE FL	City & State:
Zip: 33306 Country:	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0974285 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
ROSEMARY LINDSEY, ESQ.
2601 EAST OAKLAND PARK BLVD

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	PRES.	TITLE	
NAME	CAROLE BELL HART	NAME	
STREET ADDRESS	4514 LAUREL RIDGE LANE	STREET ADDRESS	
CITY-ST-ZIP	MORGANTOWN, WV 26508	CITY-ST-ZIP	
TITLE	V. PRES.	TITLE	
NAME	SUZAN BELL	NAME	
STREET ADDRESS	10504 SEA PALMS AVE	STREET ADDRESS	
CITY-ST-ZIP	LAS VAGAS, NV 89134	CITY-ST-ZIP	
TITLE	TREAS.	TITLE	
NAME	ANDREA ZANATT	NAME	
STREET ADDRESS	356 BEVERLY ROAD	STREET ADDRESS	
CITY-ST-ZIP	DOUGLASTON MANOR, NY 11363	CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/02)

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 4/6/03 #702-255-4105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STF FL32519F.1