

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0007634

DOCUMENT # M02000001381

1. Entity Name

SASS MUNHV, LLC



FILED

03 SEP 23 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
1201 HAYS STREET
C/O CORPORATION SERVICE COMPANY
TALLAHASSEE FL 32301

Mailing Address
1201 HAYS STREET
C/O CORPORATION SERVICE COMPANY
TALLAHASSEE FL 32301

2. Principal Place of Business
1185 Avenue of the Americas
Suite, Apt. #, etc.
18th Floor
City & State
New York, NY
Zip
10036
Country
USA

3. Mailing Address
1185 Avenue of the Americas
Suite, Apt. #, etc.
18th Floor
City & State
New York, NY
Zip
10036
Country
USA

4. FEI Number 13-4187073
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
300023284483
09/23/03--01056--009 **\$0.00
City
FL Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M.D. SASS TAX LEIN MANAGEMENT, LLC 1185 AVE. OF THE AMERICAS NEW YORK NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED

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

Date

Daytime Phone #

9-22-03

212-730-2000

CFR2083 (4/03)