## M10000001964

(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	<u> </u>
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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EXAMINER

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SEGRETARY OF STATE
ANALYSEE FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: SAR Industri Name of Foreign Lim	ted Liability Company	
Dear Sir or Madam:		
The enclosed Affidavit by Foreign Limited Li Managing Member(s) and fee(s) are submitted		
Please return all correspondence concerning to	his matter to the following:	
Steve Sherman Name of Person		
SAR Industries, LLC Firm/Company		
3415 Grove Park Dri		
Duluth GA 30096 City/State and Zip Code		
E-mail address: (to be used for future and	nual report notification)	
For further information concerning this matte	r, please call:	
Steve Sherman at (40 Name of Person Are	4) 414-7885	
Name of Person Are	MAILING ADDRESS: Registration Section	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Division of Corporations	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amou  \$\sum_{\text{\$\sum_{\cropk \endowning}}}}}}}}}} \sincerestyre \text{\$\sum_{\text{\$\sum_{\text{\$\sum_{\text{\$\sum_{\sum_{\cropk \endowning}}}}}}}}} \sincerestyre \text{\$\sum_{\text{\$\sum_{\text{\$\sum_{\text{\$\sum_{\cropk \endowning}}}}}}}}}} \sincerestyre \text{\$\sum_{\text{\$\sum_{\text{\$\sum_{\text{\$\sum_{\sum_{\sum_{\cropk \endowning}}}}}}} \simegregation \$\sum_{\text{\$\sum_{\text{\$\sum_{\cun_{\sum_{\su\	nt:  \$\int\text{Sfo}\$ Filing Fee & Soo Filing Fee,}  Certified Copy Certificate of Status & Certified Copy	

CR2E123(8/07)

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compan Department of State is: SAR Indu	y as it appears on the records of the Florida
2. This entity was formed under the laws of	
3. This entity was authorized to transact bus and its Florida document/registration number	
4. The name and address of each manager of	or managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Steve Sherman 3415 Grove Park Dr. Duluth, GA 30096
MGR	Michel Rapoport  3309 Alameda Ave.  Sarasota, FL 34234FS
	SEP 20 AM A
	RATE &
Required Signature:  Signature of Manager,	Managing Member or Member

Filing Fee: \$25