

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90224 030 ***138.75

DOCUMENT # M98000000730

1. Entity Name
SA-HOP, LIMITED COMPANY



Principal Place of Business *Hammock*
**14332 MARSH HAMMOCK DR S
JACKSONVILLE, FL 32224**

Mailing Address *Hammock*
**14332 MARSH HAMMOCK DR S
JACKSONVILLE, FL 32224**



03272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1850374

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FIRESTONE, DAVID K
8145 BRETON CIRCLE
FORT MYERS, FL 33912**

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

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SAPARA, RICHARD E
6913 ORCHARD BLVD
CLEVELAND, OH 44130**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HOPKINS, BRIAN L *Hammock*
14332 MARSH HAMMOCK DR S
JACKSONVILLE, FL 32224**

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Brian L. Hopkins*

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

Date

Daytime Phone #