

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000093277

**Entity Name:** SAR PERMITTING, LLC

**Current Principal Place of Business:**

11387 MOONSHINE CREEK CIRCLE  
ORLANDO, FL 32825

**Current Mailing Address:**

11387 MOONSHINE CREEK CIRCLE  
ORLANDO, FL 32825 US

**FEI Number:** 47-4071153

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REED, STEPHANIE A  
11387 MOONSHINE CREEK CIRCLE  
ORLANDO, FL 32825 US

*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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name REED, STEPHANIE A  
Address 11387 MOONSHINE CREEK CIRCLE  
City-State-Zip: ORLANDO FL 32825

Title AMBR  
Name REED, MARK  
Address 11387 MOONSHINE CREEK CIRCLE  
City-State-Zip: ORLANDO FL 32825

Title AMBR  
Name REED, LAGRIMAS  
Address 10913 MILL POND WAY  
City-State-Zip: ORLANDO FL 32825

Title AMBR  
Name REED, JAMES  
Address 10913 MILL POND WAY  
City-State-Zip: ORLANDO FL 32825

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHANIE REED

AMBR

03/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date