

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000005618

**Entity Name:** SASOF IV (A3) LLC

**Current Principal Place of Business:**

848 BRICKELL AVE, STE. 500  
MIAMI, FL 33131

**Current Mailing Address:**

848 BRICKELL AVE, STE. 500  
MIAMI, FL 33131 US

**FEI Number:** 82-5510892

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           MANAGER  
Name           HOFFMAN, WILLIAM D  
Address        848 BRICKELL AVE, STE. 500  
City-State-Zip: MIAMI FL 33131

Title           MANAGER  
Name           KORN, ROBERT G  
Address        848 BRICKELL AVE, STE. 500  
City-State-Zip: MIAMI FL 33131

Title           MEMBER  
Name           AASET 2019-2 US E CERTIFICATE LLC  
Address        848 BRICKELL AVE, STE. 500  
City-State-Zip: MIAMI FL 33131

*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:** WILLIAM D. HOFFMAN

MANAGER

02/26/2024

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date