

**2019 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B16000000313

**Entity Name:** SAREX ASSOCIATES LP

**Current Principal Place of Business:**

4 GONCZY RD  
WESTPORT, CT 06882

**Current Mailing Address:**

4 GONCZY RD  
WESTPORT, CT 06882 US

**FEI Number:** 30-0268552

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
3030 N ROCKY POINT DR, STE 150A  
TAMPA, FL 33607 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

**General Partner Detail :**

Document #

Name STANTON, CINDY

Address 4 GONCZY RD

City-State-Zip: WESTPORT CT 06880

*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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CINDY STANTON

MANAGER

01/02/2019

Electronic Signature of Signing General Partner Detail

Date