

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000083197

**Entity Name:** SAW SOLUTIONS LLC

**Current Principal Place of Business:**

280 N. CHARLENE DR  
CALLAWAY, FL 32404

**Current Mailing Address:**

280 N. CHARLENE DR  
CALLAWAY, FL 32404 US

**FEI Number: 83-4409142**

**Certificate of Status Desired: Yes**

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

JENKINS, DANIEL T SR.  
280 N. CHARLENE DR  
CALLAWAY, FL 32404 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 MGR  
Name JENKINS, DANIEL T SR.  
Address 280 N. CHARLENE DR  
City-State-Zip: CALLAWAY FL 32404

*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: DANIEL JENKINS**

**MGR**

**03/15/2021**

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

\_\_\_\_\_  
Date