

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000088969

**Entity Name:** SAWMASTERS COASTAL TREE LLC

**Current Principal Place of Business:**

301 COOPERS COVE ROAD  
SAINT AUGUSTINE, FL 32095

**Current Mailing Address:**

301 COOPERS COVE ROAD  
SAINT AUGUSTINE, FL 32095 US

**FEI Number:** 84-4700173

**Certificate of Status Desired:** No

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

MADDEN, JIM  
301 COOPERS COVE ROAD  
ST AUGUSTINE, FL 32095 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 MADDEN, JIM  
Address 301 COOPERS COVE RD  
City-State-Zip: ST AUGUSTINE FL 32095

*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:** JIM MADDEN

**OWNER**

**03/15/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date