


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000001272 1. Entity Name SARAZEN & ASSOCIATES, LLC	
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Principal Place of Business
950 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145 US

Mailing Address
PO BOX 1925
MARCO ISLAND, FL 34146 US



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3693635

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

COUTURE, CRAIG J
1112 1/2 N. COLLIER BLVD
MARCO ISLAND, FL 34145

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000872137
04/10/08-80026-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SARAZEN, MARY ANN
STREET ADDRESS	P.O. BOX 1925
CITY-ST-ZIP	MARCO ISLAND, FL 34145

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MARY ANN SARAZEN

✓ 3/25/08

Date

239-642-7742

Daytime Phone #