


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90057 016 ****50.00

DOCUMENT # L01000020621	
1. Entity Name SABREJET, LLC	

Principal Place of Business 5000 SAWGRASS VILLAGE CIRCLE SUITE 28 PONTE VEDRA BEACH, FL 32082	Mailing Address 5000 SAWGRASS VILLAGE CIRCLE SUITE 28 PONTE VEDRA BEACH, FL 32082
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20040361

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3758059	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLYSAFE SERVICES, LLC 6467 POTTSBURG DR. JACKSONVILLE, FL 32244		Name Gasper Lazzara	
SABREJET, LLC 5000 Sawgrass Village Circle Ste 28 Ponte Vedra Bch, FL 32082		Street Address (P.O. Box Number is Not Acceptable) 5000 Sawgrass Village Circle Ste 28	
		City Ponte Vedra Bch FL Zip Code 32082	

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 *X Gasper Lazzara* **Gasper Lazzara** DATE **4/26/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAZZARA, GASPER JR 5000 SAWGRASS VILLAGE CIR., STE. 28 PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X Gasper Lazzara* **Gasper Lazzara** DATE **4/26/06** 904-273-1669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #