

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90136 033 ****50.00

DOCUMENT # L0100.0020764

1. Entity Name

SAW PALMETTO PRESS LLC

DO NOT WRITE IN THIS SPACE

947768

2. Principal Place of Business

7348 SE BRUCE TERR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOBE SOUND, FL.

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0385998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES A. CIOFFI

Street Address (P.O. Box Number is Not Acceptable)

250 TEQUESTA DRIVE

SUITE 200

City

TEQUESTA

FL

Zip Code

33469

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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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
EDWIN J. HILL, JR.
7348 SE BRUCE TERRACE
HOBE SOUND, FL. 33455

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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Edwin J. Hill, Jr.

EDWIN J. HILL, JR.

2-19-02

772-546-6825

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

Date

Daytime Phone #