

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90027 030 \*\*\*143.75

**DOCUMENT # L03000025568**

1. Entity Name  
**SAWYER LANDSCAPING, LLC**



Principal Place of Business  
**4499 HANDSOME QUARTERS  
TALLAHASSEE, FL 32309**

Mailing Address  
**4499 HANDSOME QUARTERS  
TALLAHASSEE, FL 32309**

**60029295**



**DO NOT WRITE IN THIS SPACE**

01272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**55-0840997**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

~~INORAM, SPENCER~~ **Yadete, Etefwork**  
~~118 SALEM CT.~~  
~~TALLAHASSEE, FL 32301~~ **221D Millberry Blvd.**  
**Tallahassee, FL 32303**

**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 Etefwork Yadete

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

(NOTE: Registered Agent signature required when reinstating)

4/12/08

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SAWYER, ROOSEVELT SR.  
4499 HANDSOME QUARTERS  
TALLAHASSEE, FL 32309**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**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: Arnold Sawyer

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

4-15-08

Date

Daytime Phone #