

FILED
Feb 21, 2008 08:00 AM
Secretary of State

1. Entity Name
THOMAS J. SADLER LLC



Mailing Address
2108 GREAT OAK DR.
TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE



CR2E083 (12/07)

Applied For
Not Applicable

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**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 reinstalling)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SADLER, THOMAS J
STREET ADDRESS	2108 GREAT OAK DR.
CITY-STATE-ZIP	TALLAHASSEE, FL 32303

TITLE	MGRM
NAME	SADLER, IRIS M
STREET ADDRESS	2108 GREAT OAK DR.
CITY-ST- ZIP	TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY- ST- ZIP

000000834023
02/28/08-80036-002 138.75

**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

Date _____

Daytime Phone # _____