2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000040857

1. Entity Name

SARMAX DEVELOPMENT LLC



FILED Feb 05, 2008 08:00 Al Secretary of State

Principal Place of Business

13940 LAKE MAHOGANY BLVD.

#1114 FORT MYERS, FL 33907 US Mailing Address

13940 LAKE MAHOGANY BLVD. #1114

FORT MYERS, FL 33907 US



DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2757404

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TUMM, JENS 13940 LAKE MAHOGANY BLVD.

the obligations of registered agent.

FORT MYERS, FL 33907

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SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable. (NOT	E Registered Agent signature required when reinstating)	DATE
	NOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUMM, JENS 13940 LAKE MAHOGANY BLVD., #1114 FORT MYERS, FL 33907		
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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. 1 am familiar with, and accept

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 POSTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01-11-2008