

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90221 017 \*\*\*\*50.00

DOCUMENT # L05000069391

1. Entity Name  
SAPHIRE, LLC



Principal Place of Business  
351 GRANADA  
FT. PIERCE FL 34949  
US

Mailing Address  
1209 DELAWARE AVE  
FT. PIERCE FL 34950  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

415 N. MCKINLEY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 1100

City & State

City & State

LITTLE ROCK AR

Zip

Country

Zip

72205

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-5373839 APPLIED FOR

Applied For

Not Applicable

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

GORMAN, ROBERT J  
1209 DELAWARE AVE  
FT. PIERCE FL 34950

Name

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

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGM  
FRESHOUR, SANDY  
351 GRANADA AVE.  
FT. PIERCE FL 34949 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Cecile Bailey*

*Cecile Bailey CPA*

4/30/07

501-666-0900

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

Date

Telephone #