

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 19, 2007 8:00 am
Secretary of State

01-24-2007 90052 004 ****50.00

DOCUMENT # L06000004361 1. Entity Name SAWAG, LLC					
Principal Place of Business 1045 RIDGEWOOD LANE ST. AUGUSTINE, FL 32086			Mailing Address 1045 RIDGEWOOD LANE ST. AUGUSTINE, FL 32086		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GILMORE, WILLIAM A 1045 RIDGEWOOD LANE ST. AUGUSTINE, FL 32086				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State		01202007 Chg-LLC CR2E083 (12/06)	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GILMORE, WILLIAM A 1045 RIDGEWOOD LANE ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GILMORE, SANDRA A 1045 RIDGEWOOD LANE ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GILMORE, SANDRA A 1045 RIDGEWOOD LANE ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GILMORE, SANDRA A 1045 RIDGEWOOD LANE ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GILMORE, SANDRA A 1045 RIDGEWOOD LANE ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
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: _____				Date: 1/20/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					