


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008 08:00 A
Secretary of State


DOCUMENT # L06000006765

1. Entity Name
SAWYER FAMILY, LLC



Principal Place of Business 15 AUDEN AVENUE MELVILLE, NY 11747 US	Mailing Address 15 AUDEN AVENUE MELVILLE, NY 11747 US
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DO NOT WRITE IN THIS SPACE



01052008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4293081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TABOR & LAVARGNA, PA
 401 EAST OSCEOLA STREET
 LOWER LEVEL
 STUART, FL 34994**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, RICHARD F 15 AUDEN AVENUE MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAWYER, PHYLLIS 15 AUDEN AVENUE MELVILLE, NY 11747
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 04/03/08-80073-025-138.75

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: *Phyllis Sawyer* **PHYLLIS SAWYER** Date: **3-13-08** Daytime Phone #: **631-547-0488**