

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# L06000006765

Entity Name: SAWYER FAMILY, LLC

**Current Principal Place of Business:**

15 AUDEN AVENUE  
MELVILLE, NY 11747 US

**New Principal Place of Business:**

**Current Mailing Address:**

15 AUDEN AVENUE  
MELVILLE, NY 11747 US

**New Mailing Address:**

FEI Number: 20-4293081      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SAWYER, RICHARD F  
Address: 15 AUDEN AVENUE  
City-St-Zip: MELVILLE, NY 11747 US

Title: MGRM ( ) Delete  
Name: SAWYER, PHYLLIS  
Address: 15 AUDEN AVENUE  
City-St-Zip: MELVILLE, NY 11747 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date