

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**FILED**
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90020 018 ****50.00

DOCUMENT # L06000018042

1. Entity Name
SAWTOOTH CAPITAL LLCPrincipal Place of Business
12400 HARBOUR RIDGE BLVD
PALM CITY, FL 34990Mailing Address
12400 HARBOUR RIDGE BLVD
PALM CITY, FL 34990

60053580



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07172007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FBI Number

95-4716174

Applied For

Not Applicable

Zip

Country

Zip

Country

6. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

INCOPI SERVICES INC
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

7. Name and Address of New Registered Agent

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 types or prints; name of registered agent, as indicated if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
JOSEPH, STANFORD R
12400 HARBOUR RIDGE BLVD
PALM CITY, FL 34990 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
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CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
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CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
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 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 PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STANFORD R. JOSEPH, MGR.

Date

7/23/07

Telephone Number

772-336-4701