2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State
03-28-2007 90183 023 ****50.00

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1. Entity Name
BETTY J. SAWICKI, LLC

Principal Place of Business	Mailing Address
~~3258 PHILIP AVENUE~~ ~~BRONX, NY~~ 10465	3258 PHILIP AVENUE BRONX, NY 10465

03232007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2800 DAVIS Blvd.	SAME AS Above
Suite, Apt. #, etc.: # 209 + #210	Suite, Apt. #, etc.
City & State: Naples, Fl.	City & State
Zip: 34112 Country: Collier	Zip Country

4. FEI Number: 16-1760207 — 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
SPEAR ~~SPENR~~, JOHN D 9420 BONITA BEACH ROAD, SUITE 100 BONITA SPRINGS, FL 34135-4515	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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAWICKI, BETTY J 3258 PHILIP AVENUE BRONX, NY 10465	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Betty J. Sawicki 3/23/07 (718) 931-8614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #