

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90208 039 \*\*\*138.75

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<b>DOCUMENT # L07000026475</b> 1. Entity Name <b>SAWGRASS LOGISTICS, LLC</b>					
Principal Place of Business <b>4400 NORTH FEDERAL HIGHWAY SUITE 29 BOCA RATON, FL 33431</b>			Mailing Address <b>4400 NORTH FEDERAL HIGHWAY SUITE 29 BOCA RATON, FL 33431</b>		
2. Principal Place of Business - No P.O. Box # <b>4400 North Federal Highway</b>		3. Mailing Address <b>4400 North Federal Highway</b>			
Suite, Apt. #, etc. <b>Suite 32</b>		Suite, Apt. #, etc. <b>Suite 32</b>			
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>			
Zip <b>33431</b>		Country <b>USA</b>		4. FEI Number <b>20-8854051</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>PUJOLS, JOSE R ESQ 2655 S LEJEUNE ROAD PH-1 CORAL GABLES, FL 33134</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>					
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)					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE <b>MGR</b>	NAME <b>TICHENRO, DON</b>		TITLE <b>MGR</b>	NAME <b>TICHENRO, DON</b>	
STREET ADDRESS <b>4400 NORTH FEDERAL HIGHWAY</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33431</b>		STREET ADDRESS <b>4400 North Federal Highway</b>	CITY-ST-ZIP <b>Boca Raton, FL 33431</b>	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>MGR</b>	NAME <b>LLUHI, JOE IGNACIO</b>		TITLE _____	NAME _____	
STREET ADDRESS <b>4400 NORTH FEDERAL HIGHWAY</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33431</b>		STREET ADDRESS _____	CITY-ST-ZIP _____	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>			<b>March 3, 2008 561-416-1233</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		