

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000012868

Entity Name: SAWNOMEGA, LLC

**FILED**  
**Mar 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

914 PACKER ST UNIT #2  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

914 PACKER ST UNIT #2  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 27-4780139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HOWE, STEPHANIE  
914 PACKER ST UNIT #2  
KEY WEST, FL 33040 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  
Name: MITCHELL, SARA  
Address: 88 KELLY DRIVE  
City-St-Zip: CENTRAL SQUARE, NY 13036

Title: MGRM  
Name: CSUTAK, BARBARA  
Address: 215 S PRESIDENT  
City-St-Zip: WHEATON, IL 60187

Title: MGRM  
Name: CSUTAK, ATTILA  
Address: 215 S PRESIDENT  
City-St-Zip: WHEATON, IL 60187

Title: MGRM  
Name: HOWE, STEPHANIE  
Address: 914 PACKER ST UNIT #2  
City-St-Zip: KEY WEST, FL 33040

I hereby 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: STEPHANIE HOWE

MS

03/16/2012

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