

L16000121679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

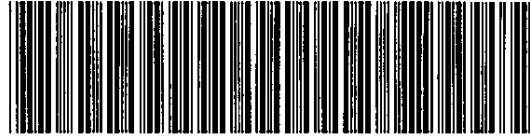
(Business Entity Name)

(Document Number)

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2016 AUG 15 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
AUG 17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2016

SAWYER PROMOTIONS, LLC  
MIKE SAWYER  
1425 TUSKAWILLA RD. #209  
WINTER SPRINGS, FL 32708

SUBJECT: SAWYER PROMOTIONS, LLC  
Ref. Number: L16000121679

2016 AUG 15 PM 3:38  
TALLAHASSEE

We have received your document for SAWYER PROMOTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Please fill out the document and resubmit.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 416A00016421

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sawyer Promotions LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mike Sawyer

Name of Person

Sawyer Promotions LLC

Firm/Company

1425 Tuskawilla Rd #209

Address

Winter Springs, FL 32708

City/State and Zip Code

Mikesawyer2@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Sawyer

at ( 703 ) 303-6668

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Sawyer Promotions LLC

2. (a) 1425 Tuskawilla Rd #209 (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1425 Tuskawilla Rd #209

Winter Springs, FL 32708

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

7/26/16

3. Date of filing/registration in Florida

4. L16000121679  
Document number

5. (a) Mike Sawyer UNITED STATES CORPORATION AGENTS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1425 Tuskawilla Rd #209 13302 WINDING OAK CT.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Winter Springs, FL 32708 SUITE A

TAMPA, FL 33612

(b) Mike Sawyer  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1425 Tuskawilla Rd #209

**NEW Registered Office Address:**

Winter Springs, FL 32708

\_\_\_\_\_, FL \_\_\_\_\_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mike Sawyer  
Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mike Sawyer  
Signature of Registered Agent

FILED  
2016 AUG 15 PM 12:15  
CLERK OF STATE  
TALLAHASSEE, FL 0610