

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000002753

Entity Name: MBC-SAWGRASS, LLC

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

C/O CS VENTURES, LLC  
455 SOUTH LEGACY TRAIL, SUITE E106  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CS VENTURES, LLC  
455 SOUTH LEGACY TRAIL, SUITE E106  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

FEI Number: 20-4762741

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CS VENTURES LLC  
455 SOUTH LEGACY TRAIL  
SUITE E106  
ST. AUGUSTINE, FL 32092 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: MGR  
Name: CS VENTURES, LLC  
Address: 455 SOUTH LEGACY TRAIL, SUITE E106  
City-St-Zip: ST. AUGUSTINE, FL 32092

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: ANDREW MURRAY

OWN

03/23/2012

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