#### **2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000122116

Entity Name: SAVAGE FIRE LLC

Mar 31, 2013 Secretary of State CC3898834919

**FILED** 

# **Current Principal Place of Business:**

2021 SHEFFIELD CT OLDSMAR, FL 34677

# **Current Mailing Address:**

2021 SHEFFIELD CT OLDSMAR, FL 34677 US

FEI Number: 27-1949693 Certificate of Status Desired: No

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

WELLS, ADRIAN A 2021 SHEFFIELD CT OLDSMAR, FL 34677 US

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

# Authorized Person(s) Detail:

Title MGRM

Name WELLS, ADRIAN A
Address 2021 SHEFFIELD CT
City-State-Zip: OLDSMAR FL 34677

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADRIAN WELLS OWENR

Electronic Signature of Signing Authorized Person(s) Detail

OWENR 03/31/2013