

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045610

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: S & W, LLC

**Current Principal Place of Business:**

9508 E. DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA, FL 33610

**New Principal Place of Business:**

9718 EAST U.S. HIGHWAY 92  
TAMPA, FL 33610

**Current Mailing Address:**

9508 E. DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA, FL 33610

**New Mailing Address:**

9718 EAST U.S. HIGHWAY 92  
TAMPA, FL 33610

FEI Number: 20-8956133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LANGFORD, E C ESQ.  
1715 W. CLEVELAND STREET  
TAMPA, FL 33606 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 ( ) Delete  
Name: STEPHENS, LARRY W  
Address: 9508 E. DR. MARTIN LUTHER KING JR. BLVD.  
City-St-Zip: TAMPA, FL 33610

Title: S ( ) Delete  
Name: WHITEHEAD, AL  
Address: 509 SOUTH LARRY CIRCLE  
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STEPHENS, LARRY W  
Address: 9718/ EAST U.S. HIGHWAY 92PR  
City-St-Zip: TAMPA, FL 33610

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LARRY STEPHENS

PRES

04/22/2009

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