

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000016266

**Entity Name:** SWALLOW APTS., LLC.

**Current Principal Place of Business:**

C/O MRS. CAROL KIMMONS  
7551 NW 72 AVENUE  
MEDLEY, FL 33166

**Current Mailing Address:**

C/O MRS. CAROL KIMMONS  
7551 NW 72 AVENUE  
MEDLEY, FL 33166

**FEI Number:** 61-1420784

**Certificate of Status Desired:** No

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

KIMMONS, CAROL  
7551 N.W. 72 AVENUE  
MIAMI, FL 33166 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 MGR  
Name PROPERTY SUPPORT SERVICES LLC  
Address 7551 N.W. 72 AVENUE  
City-State-Zip: MIAMI FL 33166

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROL KIMMONS

MGR

02/21/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date