

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000041765

**Entity Name:** SWPV IV INVESTMENTS LLC

**Current Principal Place of Business:**

810 FENTRESS COURT  
SUITE 130  
DAYTONA BEACH, FL 32117

**Current Mailing Address:**

810 FENTRESS COURT  
SUITE 130  
DAYTONA BEACH, FL 32117 US

**FEI Number:** 20-0335699

**Certificate of Status Desired:** No

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

CURTIS, W TIMOTHY  
810 FENTRESS CT.  
SUITE 130  
DAYTONA BEACH, FL 32117 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:** W TIMOTHY CURTIS

03/19/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           CURTIS, W. T  
Address        8 BROAD CREEK CIRCLE  
City-State-Zip: ORMOND BEACH FL 32174

Title           MGRM  
Name           BROWN, DAVID  
Address        145 N. NOVA ROAD  
City-State-Zip: ORMOND BEACH FL 32174

Title           MGRM  
Name           GAINES, RICK  
Address        107 VIA AMALFI  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title           MGRM  
Name           CARTLEDGE, THOMAS III  
Address        106 N. OLD KINGS ROAD, #C  
City-State-Zip: ORMOND BEACH FL 32174

Title           MGRM  
Name           HAMMOND, ROBERT  
Address        101 CUNNINGHAM DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title           MANAGING MEMBER  
Name           REAGIN, JESSIE  
Address        111 SHADY BRANCH TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title           TRUSTEE  
Name           CHMIELARSKI, LINDA K.  
Address        4901 GRANDVIEW DRIVE  
City-State-Zip: ALBANY GA 31721

*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:** W. T CURTIS

MANAGER

03/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date