

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080343

Entity Name: SOUTHWEST FLORIDA FAMILY, LLC**Current Principal Place of Business:**17570 N. TAMIAMI TRAIL SUITE 2
NORTH FT. MYERS, FL 33903**Current Mailing Address:**17570 N. TAMIAMI TRAIL SUITE 2
NORTH FT. MYERS, FL 33903**FEI Number:** 20-1885296**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GREEN, BRUCE D
1520 ROYAL PALM SQUARE BLVD., SUITE320
FORT MYERS, FL 33904 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	CASE, MICHAEL W
Address	2710 EL DORADO PARKWAY
City-State-Zip:	CAPE CORAL FL 33914

Title	MGR
Name	ROSSMAN, DENNIS
Address	1207 NORTHWEST 18TH STREET
City-State-Zip:	CAPE CORAL FL 33993

Title	MGR
Name	REICHERT, TIMOTHY
Address	2819 SOUTHWEST 46TH STREET
City-State-Zip:	CAPE CORAL FL 33914

Title	MGR
Name	TRAKHTENBERG, MIKHAIL
Address	2230 SOUTHEAST 19 PLACE
City-State-Zip:	CAPE CORAL FL 33990

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: MICHAEL W CASE

MGMR

04/23/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date