address of Current Registered Agent:			
J GROVE RD /E, FL 22508 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.			
E AINA J. WILSON			02/02/2021
Electronic Signature of Registered Agent			Date
Person(s) Detail :			
MGRM	Title	MGRM	
WILSON, JULIE	Name	BURDIN, CARL W II	
111 PLEASANT GROVE RD	Address	8413 LAUREL LAKES BLVD	
LOCUST GROVE VA 22508	City-State-Zip:	NAPLES FL 34119	
MGRM			
KASTENHOLZ, GREG			
W277 N3028 ROCKY POINT RD 1			
	J GROVE RD (E, FL 22508 US dentity submits this statement for the purpose of changing its is E AINA J. WILSON Electronic Signature of Registered Agent Person(s) Detail : MGRM WILSON, JULIE 111 PLEASANT GROVE RD LOCUST GROVE VA 22508 MGRM KASTENHOLZ, GREG	J GROVE RD (E, FL 22508 US entity submits this statement for the purpose of changing its registered office or regis E AINA J. WILSON Electronic Signature of Registered Agent Person(s) Detail : MGRM Title WILSON, JULIE Name 111 PLEASANT GROVE RD Address LOCUST GROVE VA 22508 City-State-Zip: MGRM KASTENHOLZ, GREG	J GROVE RD /E, FL 22508 US // entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fk E MINA J. WILSON Electronic Signature of Registered Agent // Electronic Signature o

111 PLEASANT GROVE RD

DOCUMENT# L09000019697

Entity Name: THE SWERVE GROUP, LLC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

111 PLEASANT GROVE RD LOCUST GROVE, VA 22508

Current Mailing Address:

LOCUST GROVE, VA 22508 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

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: WILSON, JULIE

City-State-Zip: PEWAUKEE WI 53072

MGRM

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 02, 2021 Secretary of State 8188031507CC

Certificate of Status Desired: No