

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000142284

**FILED**  
**Apr 11, 2014**  
**Secretary of State**  
**CC6231995145**

**Entity Name:** CUSTOMER SERVICES OF SWFL, LLC

**Current Principal Place of Business:**

1116 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33990

**Current Mailing Address:**

1116 COUNTRY CLUB BLVD.  
CAPE CORAL, FL 33990

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

JOHNSON, FRED T3RD  
1116 COUNTRY CLUB BLVD.  
CAPE CORAL, FL 33990 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	Title	MGRM
Name	JOHNSON, FRED 3RD	Name	JOHNSON, FRED 3RD
Address	1116 COUNTRY CLUB BLVD.	Address	1116 COUNTRY CLUB BLVD.
City-State-Zip:	CAPE CORAL FL 33990	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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRED T JOHNSON, III

**MGR**

**04/11/2014**

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

\_\_\_\_\_  
Date