

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000111340

**Entity Name:** SWZO, LLC

**Current Principal Place of Business:**

1615 FORUM PL STE 4D  
WEST PALM BEACH, FL 33463

**Current Mailing Address:**

1615 FORUM PL STE 4D  
WEST PALM BEACH, FL 33463

**FEI Number:** 47-1372084

**Certificate of Status Desired:** No

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

OVERBECK, MICHAEL J  
1615 FORUM PL  
WEST PALM BEACH, FL 33463 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 AMBR  
Name SCHULER, RICHARD D  
Address 1615 FORUM PL STE 4D  
City-State-Zip: WEST PALM BEACH FL 33463

Title AMBR  
Name WEISSER, JASON D  
Address 1615 FORUM PL STE 4D  
City-State-Zip: WEST PALM BEACH FL 33463

Title AMBR  
Name ZOELLER, WILLIAM D  
Address 1615 FORUM PL STE 4D  
City-State-Zip: WEST PALM BEACH FL 33463

Title AMBR  
Name OVERBECK, MICHAEL J  
Address 1615 FORUM PL STE 4D  
City-State-Zip: WEST PALM BEACH FL 33463

*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:** RICHARD D SCHULER

AMBR

04/17/2024

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

\_\_\_\_\_ Date