

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000435044

**Entity Name:** SWFL DMC SERVICES LLC

**Current Principal Place of Business:**

849 CYPRESS LAKE CIRCLE  
FORT MYERS, FL 33919

**Current Mailing Address:**

849 CYPRESS LAKE CIRCLE  
FORT MYERS, FL 33919

**FEI Number:** 87-3185091

**Certificate of Status Desired:** No

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

CASMAN, DEANNA  
849 CYPRESS LAKE CIR  
FORT MYERS, FL 33919 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  
Name            CASMAN, DEANNA  
Address        849 CYPRESS LAKE CIR  
City-State-Zip: FORT MYERS FL 33919

*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:** DEANNA CASMAN

MGR

02/25/2024

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

\_\_\_\_\_ Date