

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000008507

1. Entity Name
SWANSON FAMILY LLC



Principal Place of Business
57 WESTCHESTER AVENUE
THORNWOOD, NY 10594

Mailing Address
57 WESTCHESTER AVENUE
THORNWOOD, NY 10594



01222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4154311

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWANSON, DEVIN
2527 KINGSMILL AVENUE
MELBOURNE, FL 32934

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SWANSON, SUZANNE R
STREET ADDRESS 57 WESTCHESTER AVE
CITY-ST-ZIP THORNWOOD, NY 10594

TITLE MGRM
NAME SWANSON, DONALD C
STREET ADDRESS 57 WESTCHESTER AVE
CITY-ST-ZIP THORNWOOD, NY 10594

TITLE
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STREET ADDRESS
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U000000825655
02/21/08-80018-014 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone # _____