

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 06, 2006 8:00 am
Secretary of State

05-02-2006 90040 024 ****50.00

DOCUMENT # *L02000003294*

1. Entity Name

NELSON SCHWENT, L.L.C. c/o MICHAEL L. NELSON

DO NOT WRITE IN THIS SPACE

30009630

2. Principal Place of Business
1120 SE 32ND STREET

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL, FL

City & State

4. FEI Number
45-0462949

Applied For
Not Applicable

Zip
33904

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
MICHAEL L. NELSON

Street Address (P.O. Box Number is Not Acceptable)
1120 SE 32ND STREET

City
CAPE CORAL

FL Zip Code
33904

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.

DATE

PER \$15.00
Must Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MEMBER *Managing Member*
NAME MICHAEL L NELSON
STREET ADDRESS 1120 SE 32ND STREET
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEMBER *Managing Member*
NAME DEBRA A NELSON
STREET ADDRESS 1120 SE 32ND STREET
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEMBER *Managing Member*
NAME TIMOTHY J SCHWENT
STREET ADDRESS 268 CHESTNUT LANE
CITY-ST-ZIP JACKSON MO 63755

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEMBER *Managing Member*
NAME PATRICIA A SCHWENT
STREET ADDRESS 268 CHESTNUT LANE
CITY-ST-ZIP JACKSON MO 63755

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

MEMBER

4/15/2005

SIGNATURE AND TYPE OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Michael L. Nelson Managing Member 6/1/6 239 540 6884



ATTACHMENT

30009630

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2006

NELSON SCHWENT, L.L.C.
1120 SOUTHEAST 32ND STREET
CAPE CORAL, FL 33904 US

Subject: NELSON SCHWENT, L.L.C.

Reference Number: L02000003294

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD

ANNUAL REPORTS SECTION

6/1/6
See Attached.
Michael M.