

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90185 006 ****50.00

DOCUMENT # L0200003294

1. Entity Name

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

DO NOT WRITE IN THIS SPACE

✓
60035695

2. Principal Place of Business

1120 SE 32ND STREET

Suite, Apt. #, etc

3. Mailing Address

3816 SE 13TH AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL, FL

Zip
33904

Country
USA

City & State
CAPE CORAL, FL

Zip
33904

Country
USA

4. FEI Number

45-0462949

Applied For

Not Applicable

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)

3816 SE 13TH AVENUE

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

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGING MAEMBER
NAME	MICHAEL L. NELSON
STREET ADDRESS	3816 SE 13TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	MANAGING MEMBER
NAME	DEBRA A. NELSON
STREET ADDRESS	3816 SE 13TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	MANAGING MEMBER
NAME	TIMOTHY J. SCHWENT
STREET ADDRESS	268 CHESTNUT LANE
CITY-ST-ZIP	JACKSON MO 63755
TITLE	MANAGING MEMBER
NAME	PATRICIA A. SCHWENT
STREET ADDRESS	268 CHESTNUT LANE
CITY-ST-ZIP	JACKSON, MO 63755
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

TIMOTHY J. SCHWENT

3/29/2007

573-225-3740

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

Date

Daytime Phone #

CR2E083B (12/02)