

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90285 006 ****50.00

DOCUMENT # L02000009285

1. Entity Name

SOUTHWEST FLOOR CARE, L.L.C.



Principal Place of Business

13661 PARKCREST BLVD #413
FORT MYERS FL 33912

Mailing Address

13661 PARKCREST BLVD #413
FORT MYERS FL 33912

20008246



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

change
21626 Helmsdale Run

3. Mailing Address

Change of Address
21626 Helmsdale Run

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Estero, FL

City & State

Estero, FL

4. FEI Number

32-0023276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

Zip *33928*

Country *USA*

Zip *33928*

Country *USA*

6. Name and Address of Current Registered Agent

BYRNE, ROSEMARY
13661 PARKCREST BLVD #413
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Rosemary Byrne

1-31-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BYRNE, CLANCY**
STREET ADDRESS **13661 PARKCREST BLVD. #413**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Clancy Byrne*

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

Date

Daytime Phone #

1-31-05 239-949-4559