

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90035 020 ***138.75

DOCUMENT # L02000011254

1. Entity Name

GROWTH FACTOR OF SW FLORIDA, LLC



Principal Place of Business

3613 DEL PRADO BLVD.
CAPE CORAL, FL 33904

Mailing Address

PO BOX 101526
CAPE CORAL, FL 33910-1526



07182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2422973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYWOOD, STEPHEN W
3613 DEL PRADO BLVD.
CAPE CORAL, FL 33904

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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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE PD
NAME KEIBLING, ANDREAS
STREET ADDRESS 2516 ELDORADO PKWY W.
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE D
NAME SIKABONYI, AUDREY
STREET ADDRESS 2516 ELDORADO PKWY W
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE D
NAME HAYWOOD, STEPHEN W
STREET ADDRESS 3613 DEL PRADO BLVD.
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D
NAME MANSSON, ANDERS
STREET ADDRESS 3613 DEL PRADO BLVD.
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D
NAME MANSSON, LARS
STREET ADDRESS 3613 DEL PRADO BLVD.
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

7/10/08

239-945-1949