

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000016680

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** SOUTHWEST FLORIDA SERVICE & SUPPLY, LLC

**Current Principal Place of Business:**

535 11TH STREET  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 610  
IMMOKALEE, FL 34143

**New Mailing Address:**

**FEI Number:** 59-1775394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HIGGINBOTHAM, ANDREW J  
150 S. MAIN STREET  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CANOVA, MURRAY  
Address: 535 11TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: MGRM  
Name: CREWS, Z. FLOYD  
Address: 535 11TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: Z. FLOYD CREWS

MGRM

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date