

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 10, 2004 8:00 am
Secretary of State

02-17-2004 90193 010 ****55.00

DOCUMENT # L03000001370

1. Entity Name
SWIFT CONSULTING LLC



Principal Place of Business
**18603 AVENUE CAPRI
LUTZ FL 33558**

Mailing Address
**18603 AVENUE CAPRI
LUTZ FL 33558**

34001363

2. Principal Place of Business
5505 Camille Ct
Suite, Apt. #, etc.
Lutz, FL
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State



MOORE CR2E083 (11/03)

Zip
33558

Country
USA

Zip

Country

4. FEI Number
300146543

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWIFT, TODD A
18603 AVENUE CAPRI
LUTZ FL 33558
5505 Camille Ct
Lutz, FL 33558

Name **Todd A. Swift**
Street Address (P.O. Box Number is Not Acceptable)
5505 Camille Ct
City **Lutz** FL Zip Code **33558**

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 **Todd A. Swift**

Signature, typed or printed name of registered agent, and 1004 applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE **1-22-04**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	Todd A. Swift	5505 Camille Ct	Lutz, FL 33558		

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: **Todd A. Swift** **Todd A. Swift**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **1-22-04** 813-792-9589
Daytime Phone #



Attachment
34001363

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 19, 2004

SWIFT CONSULTING LLC
18603 AVENUE CAPRI
LUTZ, FL 33558

3 - 5505 Camille Ct
Lutz, FL 33558

Subject: SWIFT CONSULTING LLC

Reference Number: L03000001370

Please Note
Change of Address.
I called your department
& gave them the address
change but it
appears to still be
my old
address

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

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.

/RW

ANNUAL REPORTS SECTION