2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000007729

1. Entity Name SWU LLC

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED May 02, 2006 8:00 am Secretary of State

05-02-2006 90040 022 ****50.00

☐ Change

☐ Change

Addition

☐ Addition

						1				
Principal Place of Business 596 W TARPON BLVD			Mailing Address 596 W TARPON BLVD			20043071				
PORT CHARLOTTE, FL 33952			PORT CHARLOTTE, FL 33952					₹.		
2. Principal P	lace of Busin	ess	3. Mailing Address							
						*			AMBAN ITOTALINI	691 W1 (68)
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04252006	Chg-LLC	CR2E08	3 (11/05)	
City & State			City & State			4. FEI Numb 56-232			_ } _ 	plied For t Applicable
Zip		Country	Zip	Country		5. Certificate	Certificate of Status Desired S5.00 Additional Fee Required			
	6. Name	and Address of Current	Registered Agent		1	7. Name and	d Address of New Registered Agent			
					Name					
DENNISO				Street Address (P.O.			O. Box Number is Not Acceptable)			
596 W. TA		, FL 33952		, <u> </u>		officer Address (1.0. dox Halliot is Not Addeptable)				
1 01(1 01)	***************************************	, 1 2 00002								
					City			FL	Zip Code	-
8. The above	named entit	y submits this statement fo	r the purpose of changing	its register	ed office or registe	ered agent, or bo	th, in the State of Flo	orida. I am fa	miliar with,	and accept
the obligat	ions of regist	ered agent.		•	·	•				.
SIGNATURE .										
O'GINATORIE .	Signature, typed	or printed name of registered agent	and title if applicable. (N	OTE: Registere	d Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State				
9. MANAGING MEMBER			RS/MANAGERS	10.		ADDITIONS/CHANGES				
TITLE	SP	-	☐ Delete	IIIL	E				☐ Change	Addition
NAME	DENNISC	N, SUSAN		NAN	ME.					
STREET ADDRESS	596 W TA	RPON BLVD.		STR	EET ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE, FL 33852		CIT	/-\$1-ZIP						
TITLE			☐ Delete	TITL	E				Change	Addition
NAME				NAN	- i					
STREET ADDRESS					EET ADDRESS					
CITY+ST-ZIP				CIN	/-\$T-ZIP					
TITLE			☐ Delete	TITL					Сhange	Addition
NAME				NAM	l					ļ
STREET ADDRESS CITY+ST-ZIP					EET ADDRESS (-ST-ZIP					
				_						
TITLE			☐ Delete	TITL	l				☐ Change	☐ Addition
NAME STREET ADDRESS				NAM	RET ADDRESS					
CITY_ST_7IP					CST.7IP					

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 trusted expowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-2IP

☐ Delete

Defete

OPEN ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #