

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000027004

1. Entity Name
GUM SWAMP, LLC



Principal Place of Business
P.O. BOX 1133
TALLAHASSEE, FL 32302 US

Mailing Address
P.O. BOX 1133
TALLAHASSEE, FL 32302 US



02292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0240691

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JOHN B II
1544 ISABEL CT.
TALLAHASSEE, FL 32303

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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)

000000847780

03/19/08-80014-010 138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SMITH, JOHN B II
P.O. BOX 1133
TALLAHASSEE, FL 32302

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SMITH, DOUGLAS C
P.O. BOX 1133
TALLAHASSEE, FL 32302

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SMITH, KEVIN W
P.O. BOX 1133
TALLAHASSEE, FL 32302

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

JB SMITH II

2/29/08

850-251-0837

Date

Daytime Phone #