

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027004

Entity Name: GUM SWAMP, LLC

FILED
Mar 05, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 1133
TALLAHASSEE, FL 32302 US

New Principal Place of Business:

1080 COMMERCE BLVD.
MIDWAY, FL 32343 US

Current Mailing Address:

P.O. BOX 1133
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 20-0240691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JOHN B II
1544 ISABEL CT.
TALLAHASSEE, FL 32303 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 () Delete
Name: SMITH, JOHN B II
Address: P.O. BOX 1133
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: MGRM () Delete
Name: SMITH, DOUGLAS C
Address: P.O. BOX 1133
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: MGRM () Delete
Name: SMITH, KEVIN W
Address: P.O. BOX 1133
City-St-Zip: TALLAHASSEE, FL 32302 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN B. SMITH

MGRM

03/05/2009

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