2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MONAGING MEMBER OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L03000034198

1. Entity Name SWEETWATER FINANCIAL SERVICES, LLC



Apr 25, 2008 8:00 am Secretary of State 04-25-2008 90027 036 ***138.75

FILED

Principal Place of Business

Mailing Address

1403 GRANDVIEW BLVD. KISSIMMEE, FL 34744 1403 GRANDVIEW BLVD. KISSIMMEE, FL 34744



03172008 No Chg-LLC

CR2E083 (12/07)

407-847-549

| 4. FEI Number | | Applied For |
|----------------------------------|------------------|-------------------|
| 57-1186159 | | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 Fee Re | Additional quired |

6. Name and Address of Current Registered Agent

ALLEN, DONNA L 1403 GRANDVIEW BLVD. KISSIMMEE, FL 34744

SIGNATURE:

DO NOT WRITE 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | |
| 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 | MGR ALLEN, DONNA L 1403 GRANDVIEW BLVD. KISSIMMEE, FL 34744 | | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| 11. I hereby certify that the information supplied with this filling 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 em 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. | | | | |