

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000036440

Entity Name: SWANTREE LLC

**FILED**  
**Sep 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

820 HWY 393 NORTH  
SUITE K  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

1785 J.D. MILLER RD.  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

FEI Number: 87-0710761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARTER, PAULA  
1785 J.D. MILLER RD.  
SANTA ROSA BEACH, FL 32459 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: PAULA CARTER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CARTER, JIM  
Address: 1785 JD MILLER RD.  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM  
Name: PAULA, CARTER  
Address: 1785 J.D. MILLER RD.  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM  
Name: OLSCHNER, BARBARA F  
Address: 176 NIGHTCAP STREET  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby 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: JIM CARTER

MGRM

09/26/2011

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