

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000041121

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

**Entity Name:** SWENSON ENTERPRISES, LLC

**Current Principal Place of Business:**

8870 N HIMES AVE  
324  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

8870 N HIMES AVE  
324  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 20-0370168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWENSON, THAYNE W III  
8870 N HIMES  
324  
TAMPA, FL 33614 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:** THAYNE SWENSON III

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SWENSON, THAYNE W III  
**Address:** 8870 N HIMES #324  
**City-St-Zip:** TAMPA, FL 33614

**Title:** MGR  
**Name:** SWENSON, MICHAEL J  
**Address:** 8870 N HIMES AVE #324  
**City-St-Zip:** TAMPA, FL 33614

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:** THAYNE W SWENSON III

MGR

07/26/2011

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