HANLEY-&-HANLEY 1

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90103 037 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000009983

1. Entity Name
SWAN SERVICE LLC

20052264

Principal Place of Business	Mailing Address
447 MARTIN RD. SE PALM BAY, FL 32909	207 HILLIARD RD. NW PALM BAY, FL 32907

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0795851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARIENTA, IRENE
207 HILLIARD RD. NW
PALM BAY, FL 32907

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~IRENE ARIENTA~~ ~~207 HilliARd Rd. NW~~ ~~PALM BAY, FL. 32907~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IRENE ARIENTA-MGR 207 HilliARd Rd. N.W PALM BAY, FL. 32907 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D. ARIENTA~~ ~~207 HilliARd Rd, NW~~ ~~PALM BAY, FL 32907~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR D. ARIENTA 207 HilliARd Rd. NW PALM BAY, FL. 32907 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Irene Arienta IRENE ARIENTA 4/29/05 321-727-9798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #