

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # L04000009983

1. Entity Name
SWAN SERVICE LLC



Principal Place of Business
**447 MARTIN RD. SE
PALM BAY FL 32909**

Mailing Address
**207 HILLIARD RD. NW
PALM BAY FL 32907**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

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

7. Name and Address of New Registered Agent

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

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 **IRENE ARIENTA**

Signature typed in principal place of registered agent on the first page

(NOTE: Registered agent's signature is required on the first page)

Date

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ARIENTA, IRENE
207 HILLIARD ROAD NORTHWEST
PALM BAY FL 32907** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**U00000354817
03/27/08-80025-014 138.75** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ARIENTA, D
207 HILLIARD ROAD NORTHWEST
PALM BAY FL 32907** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

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 ☐ Delete

TITLE
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CITY-ST-ZIP
 ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 Mgr. 3/10/08 723-3441**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #