2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 22, 2008
Secretary of State

DOCUMENT# L04000037083

Entity Name: JOHN M. SWEGAN, LLC

Current Principal Place of Business:

5812 KILLARNEY AVE
FORT PIERCE, FL 34951 US

New Principal Place of Business:

Current Mailing Address:

5812 KILLARNEY AVE
FORT PIERCE, FL 34951 US

New Mailing Address:

FEI Number: 75-3155578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWEGAN, JOHN M OWNER
5812 KILLARNEY AVE
FT. PIERCE, FL 34951 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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SWEGAN, JOHN M
Address: 5812 KILLARNEY AVE
City-St-Zip: FORT PIERCE, FL 34951

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: MULLEN, THOMAS J
Address: 6604 PNNSACOLA RD.
City-St-Zip: FT. PIERCE, FL 34951

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN M SWEGAN MGRM 09/22/2008

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