

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037083

Entity Name: JOHN M. SWEGAN, LLC

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

5812 KILLARNEY AVE
FORT PIERCE, FL 34951 US

New Principal Place of Business:

6002 DELEON AVE
FORT PIERCE, FL 34951 US

Current Mailing Address:

5812 KILLARNEY AVE
FORT PIERCE, FL 34951 US

New Mailing Address:

6002 DELEON AVE
FORT PIERCE, FL 34951 US

FEI Number: 75-3155578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

SWEGAN, JOHN M OWNER
6002 DELEON AVE
FT. PIERCE, FL 34951 US

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: _____

05/04/2009

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

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SWEGAN, JOHN M
Address: 6002 DELEON AVE
City-St-Zip: FORT PIERCE, FL 34951

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

Title: MGR () Change (X) Addition
Name: SWEGAN, BRUCE G
Address: 109 PLANTATION BLVD.
City-St-Zip: FT. PIERCE, FL 34952 SL

Title: MGR () Change (X) Addition
Name: EDENFIELD, TYLER R
Address: 7704 SHANNON DR.
City-St-Zip: FT. PIERCE, FL 34951 SL

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

05/04/2009

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