

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000037083

Entity Name: JOHN M. SWEGAN, LLC

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6002 DELEON AVE  
FORT PIERCE, FL 34951 US

**New Principal Place of Business:**

**Current Mailing Address:**

6002 DELEON 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  
6002 DELEON 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  
Name: SWEGAN, JOHN M  
Address: 6002 DELEON AVE  
City-St-Zip: FORT PIERCE, FL 34951

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

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

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

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: JOHN M. SWEGAN

OWNE

04/28/2010

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