

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000042744

1. Entity Name

S & W LAND INVESTMENTS, LLC



Principal Place of Business

**698 SW PORT ST LUCIE BLVD
SUITE 109
PORT SAINT LUCIE, FL 34953**

Mailing Address

**698 SW PORT ST LUCIE BLVD
SUITE 109
PORT SAINT LUCIE, FL 34953**



02202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1512403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VENNOS, ALEXANDER
698 SW PORT ST LUCIE
SUITE 109
PORT SAINT LUCIE, FL 34953**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VENNOS, ALEXANDER
STREET ADDRESS	698 SW PORT ST. LUCIE BLVD #109
CITY- ST- ZIP	PORT SAINT LUCIE, FL 34953
TITLE	MGRM
NAME	BRESLAW, BRIAN
STREET ADDRESS	698 SW PORT ST. LUCIE BLVD #109
CITY- ST- ZIP	PORT SAINT LUCIE, FL 34953
TITLE	MGRM
NAME	BEATON, RONALD
STREET ADDRESS	698 SW PORT ST. LUCIE BLVD #109
CITY- ST- ZIP	PORT SAINT LUCIE, FL 34953
TITLE	MGRM
NAME	SCHROEDER, TODD
STREET ADDRESS	698 SW PORT ST. LUCIE BLVD #109
CITY- ST- ZIP	PORT SAINT LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000918781
05/13/08-80093-018 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Alex Vennos
Alex Vennos

Date

Daytime Phone #

772-873-4525