

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000045763

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** SWELLAND'S SILT FENCE SERVICES,LLC

**Current Principal Place of Business:**

19514 MIDWAY BLVD.  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

19514 MIDWAY BLVD.  
PORT CHARLOTTE, FL 33948

**New Mailing Address:**

**FEI Number:** 75-3158712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALL FLORIDA FIRM INC  
813 DELTONA BLVD  
STE A  
DELTONA, FL 32725 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:** MGR  
**Name:** SWELLAND, MELANIE  
**Address:** 19514 MIDWAY BLVD  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

**Title:** MGR  
**Name:** SWELLAND, SHAN  
**Address:** 19514 MIDWAY BLVD  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

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:** SHAN SWELLAND

OWNR

04/26/2010

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