## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000048603

Entity Name: SLW CAPITAL, LLC

City-St-Zip:

TAMPA, FL 33602

FILED Mar 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 609 E JACKSON STREET SUITE 100 TAMPA, FL 33602 **New Mailing Address: Current Mailing Address:** 609 E JACKSON STREET SUITE 100 TAMPA, FL 33602 US FEI Number: 20-1463341 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WESTERMAN, MATTHEW D 609 E JACKSON STREET SUITE 100 TAMPA, FL 33602 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LEONE, DENNIS D Name: Name: Address: 609 E JACKSON STREET, STE 100 Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: WESTERMAN, MATTHEW D Name: Address: 609 E JACKSON STREET, SUITE 100 Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SHANKMAN, DAVID S Name: Name: 609 E JACKSON STREET SUITE 100 Address: Address:

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.

City-St-Zip:

SIGNATURE: DENNIS LEONE MGRM 03/20/2009