

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073167

Entity Name: MSW HOLDINGS, LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

700 W. SUGARLAND HWY
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

PO BOX 265
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 55-0884995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, GLENN A
116 W. CIRCLE DR.
CLEWISTON, FL 33440 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 () Delete
Name: SMITH, GLENN A
Address: 116 W CIRCLE DR.
City-St-Zip: CLEWISTON, FL 33440

Title: MGRM () Delete
Name: WALKER, LUAN B
Address: 708 ROYAL PALM BLVD.
City-St-Zip: CLEWISTON, FL 33440

Title: MGRM () Delete
Name: WALKER, SAMUEL J
Address: 708 ROYAL PALM BLVD.
City-St-Zip: CLEWISTON, FL 33440

Title: MGRM () Delete
Name: MCCALLUM, JOHN T
Address: P.O. BOX 265
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GLENN SMITH

MGRM

04/22/2009

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