

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000076627

1. Entity Name
SWANN WOODWORK LLC



Principal Place of Business
3108 SAN CARLOS ST
TAMPA, FL 33629

Mailing Address
3108 SAN CARLOS ST
TAMPA, FL 33629



07052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1858028

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWANN-INGRAM, ALISON
3108 SAN CARLOS ST
TAMPA, FL 33629

**DO NOT WRITE
IN THIS SPACE**

6. 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]
Signature, typed or printed name of registered agent and title if applicable.

ALISON SWANN-INGRAM

(NOTE: Registered Agent signature required when reappointing)

7/5/07

DATE

Filing Fee is \$50.00
Due by September 14, 2007

U000000767745
07/10/07-80015-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SWANN-INGRAM, ALISON
STREET ADDRESS	3108 SAN CARLOS ST
CITY- ST- ZIP	TAMPA, FL 33629
TITLE	MGR
NAME	INGRAM, GREGORY
STREET ADDRESS	3108 SAN CARLOS ST
CITY- ST- ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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

ALISON SWANN-INGRAM

7/5/07

Date

813 513 7061

Daytime Phone #