

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000002322 1. Entity Name SERVAIS, SWEENEY AND JOHNSON PROPERTY CO., LLC	
---	---

Principal Place of Business 329 CALZADA DE BOUGAINVILLE MARATHON, FL 33050	Mailing Address 329 CALZADA DE BOUGAINVILLE MARATHON, FL 33050
--	--

DO NOT WRITE IN THIS SPACE



01292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2238636	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WOLFE, JOHN J 2955 OVERSEAS HIGHWAY MARATHON, FL 33050
--

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.

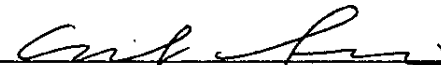
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERVAIS, RICHARD B 329 CALZADA DE BOUGAINVILLE MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWEENEY, BRIAN 329 CALZADA DE BOUGAINVILLE MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, MARION K 329 CALZADA DE BOUGAINVILLE MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000812763 02/12/08-80062-013 138.75 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:  2/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #