2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN -6 PM 2:00

DOCUMENT # L05000035555

1. Entity Name
DAVID ROGER SWARTWOOD, LLC

05072007 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
624 5TH PLACE SW VERO BEACH, FL 32962	624 5TH PLACE SW VERO BEACH, FL 32962

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2130 Spyglass Ln.	2130 Spyglass Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach FL	City & State: Vero Beach FL
Zip: 32663 Country: Ind. River	Zip: 32963 Country: Ind. River

4. FEI Number: 20-5256156 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SWARTWOOD, DAVID ROGER
624 5TH PLACE SW
VERO BEACH, FL 32962

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] DATE 5-7-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS ~~$200.00~~ $100.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWARTWOOD, DAVID ROGER 624 5TH PLACE SW VERO BEACH, FL 32962	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800104265858 06/12/07--01033--022 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Swartwood David Roger 2130 Spyglass Ln. Vero Beach FL 32963	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800104265858 06/12/07--01033--022 **100.00
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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] 5-07-07 772-234-0677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #