

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045512

FILED
Jul 04, 2007
Secretary of State

Entity Name: SWARE, LLC

Current Principal Place of Business:

126 FOREST ST.
NEW CANAAN, CT 06840 US

New Principal Place of Business:

Current Mailing Address:

126 FOREST ST.
NEW CANAAN, CT 06840 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 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:

Title: P () Delete
Name: AHERN, SHEILA
Address: 10 HIGH RIDGE ROAD
City-St-Zip: WILTON, CT 06897

Title: D () Delete
Name: AHERN, SHEILA
Address: 10 HIGH RIDGE ROAD
City-St-Zip: WILTON, CT 06897

Title: MGRM () Delete
Name: AHERN, JENNIFER
Address: 126 FOREST ST.
City-St-Zip: NEW CANAAN, CT 06840 US

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:

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: SHEILA AHERN

P

07/04/2007

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