2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000066826

1. Entity Name
SWAMPED, LLC

FILED
Jul 10, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
111 SE 12TH STREET FORT LAUDERDALE, FL 33316	111 SE 12TH STREET FORT LAUDERDALE, FL 33316

07082008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

O'CONNOR, MICHAEL E
111 SE 12TH STREET
FORT LAUDERDALE, FL 33316

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

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000954116
07/10/08-80012-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	O'CONNOR, MICHAEL E
STREET ADDRESS	111 SE 12TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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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: _____ MICHAEL E. O'CONNOR 7/8/08 954-728-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #