

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076613

Entity Name: SCHWANG, LLC

FILED
Jul 09, 2008
Secretary of State

Current Principal Place of Business:

7237 S.W. 53RD AVENUE
MIAMI, FL 33143

New Principal Place of Business:

1395 BRICKELL AVENUE
#740
MIAMI, FL 33131

Current Mailing Address:

7237 S.W. 53RD AVENUE
MIAMI, FL 33143

New Mailing Address:

1395 BRICKELL AVENUE
#740
MIAMI, FL 33131

FEI Number: 77-0676824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SCHWADE, DAVID K
7237 SW 53RD AVENUE
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

STRANG, MAX W
1395 BRICKELL AVENUE
740
MIAMI, FL 33131 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: MAX STRANG

07/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHWADE, DAVID
Address: 7237 S.W. 53RD AVENUE
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: STRANG, MAX WILSON
Address: 4080 DOUGLAS RD
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

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: MAX STRANG

MGRM

07/09/2008

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