

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007155

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** LSW INVESTIGATIONS & CONSULTING, LLC

**Current Principal Place of Business:**

390 GRANT STREET  
LABELLE, FL 33935

**New Principal Place of Business:**

36 E. HICKPOOCHEE AVE.  
LABELLE, FL 33935

**Current Mailing Address:**

P.O. BOX 277  
LABELLE, FL 33975

**New Mailing Address:**

P.O. 2996  
LABELLE, FL 33975

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WORLEY, LEONARD S  
390 GRANT STREET  
LABELLE, FL 33975 US

**Name and Address of New Registered Agent:**

WORLEY, LEONARD S MGRM  
36 E. HICKPOOCHEE AVE.  
LABELLE, FL 33935 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: LEONARD S. WORLEY

01/04/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WORLEY, LEONARD S  
Address: 36 E HICKPOOCHEE AVE  
City-St-Zip: LABELLE, FL 33935 US

**ADDITIONS/CHANGES:**

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: LEONARD S. WORLEY

MGRM

01/04/2008

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