

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000019571

Entity Name: SW9, LLC

FILED  
Nov 13, 2009  
Secretary of State

**Current Principal Place of Business:**

1618 MAHAN CENTER BOULEVARD STE 103  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1618 MAHAN CENTER BOULEVARD STE 103  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 20-4364952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PALMER, WALDO H JR  
1618 MAHAN CENTER BOULEVARD STE 103  
TALLAHASSEE, FL 32308 US

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

MANAUSA, DANIEL E  
3520 THOMASVILLE RD., FOURTH FLOOR  
TALLAHASSEE, FL 32309 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: DANIEL E. MANAUSA

11/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PALMER, WALDO H JR  
Address: 1618 MAHAN CENTER BOULEVARD STE 103  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR ( ) Delete  
Name: DEAN, ROBERT C  
Address: 2065 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

**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: ROBERT C. DEAN

MGR

11/13/2009

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