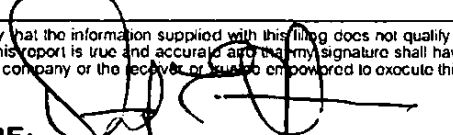


FILED
Mar 13, 2007 8:00 am
Secretary of State

I N T E R V I E W

DOCUMENT # L06000023194 1. Entity Name SOUTHWEST EQUITY HOLDINGS, LLC				Secretary of State 02-21-2007 90103 019 ****50.00	
Principal Place of Business 109 TAYLOR STREET, SUITE 112 PUNTA GORDA FL 33950		Mailing Address P.O. BOX 511448 PUNTA GORDA FL 33951-1448			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4548482	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOTITZKY, EDWARD L 109 TAYLOR STREET, SUITE 112 PUNTA GORDA FL 33950				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ Signature, printed or printed name of registered agent and date of certification (2011 Registered Agent signature required when certifying)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
MANAGING MEMBER ☐ Delete DOUGLAS CRST 6170 WHITEHILLS AVE DR E. LANSING, MI 48823				☐ Change ☐ Addition	
☐ Delete				☐ Change ☐ Addition	
☐ Delete				☐ Change ☐ Addition	
☐ Delete				☐ Change ☐ Addition	
☐ Delete				☐ Change ☐ Addition	
☐ Delete				☐ Change ☐ Addition	
☐ Delete				☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  2/9/07 941 639-4220					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					