

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000036469

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Entity Name:** SWINFORD ENTERPRISE, LLC

**Current Principal Place of Business:**

1617 PARILLA CIRCLE  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

1617 PARILLA CIRCLE  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

**FEI Number:** 87-0768994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWINFORD, SALLIE  
1617 PARILLA CIRCLE  
NEW PORT RICHEY, FL 34655 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SWINFORD, NANCY  
Address: 295 SWINFORD LANE  
City-St-Zip: MUNFORD, AL 36268

Title: MGRM  
Name: SWINFORD, JAMES  
Address: 295 SWINFORD LANE  
City-St-Zip: MUNFORD, AL 36268

Title: MGRM  
Name: SWINFORD, DAVID  
Address: 1617 PARILLA CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM  
Name: SWINFORD, SALLIE  
Address: 1617 PARILLA CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby 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: SALLIE SWINFORD

MGM

04/18/2010

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