

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064477

Entity Name: SWOLF SOLUTIONS LLC

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

2744 POST ST
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

2747 FORBES ST
JACKSONVILLE, FL 32205 US

Current Mailing Address:

PO BOX 37814
JACKSONVILLE, FL 32236 US

New Mailing Address:

2747 FORBES ST
JACKSONVILLE, FL 32236 US

FEI Number: 71-1030209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STARK, ROSLYN A
2744 POST ST
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

STARK, ROSLYN A
2747 FORBES ST
JACKSONVILLE, FL 32205 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: ROSLYN A STARK

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STARK, ROSLYN A
Address: PO BOX 37814
City-St-Zip: JACKSONVILLE, FL 32236 US

Title: MGRM () Delete
Name: BLUNCK, JOHN P
Address: PO BOX 24511
City-St-Zip: JACKSONVILLE, FL 32241 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STARK, ROSLYN A
Address: 2747 FORBES ST
City-St-Zip: JACKSONVILLE, FL 32236 US

Title: MGRM (X) Change () Addition
Name: BLUNCK, JOHN P
Address: 2747 FORBES ST
City-St-Zip: JACKSONVILLE, FL 32241 US

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: ROSLYN A STARK

MGRM

04/23/2007

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