


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90144 020 ****55.00

DOCUMENT # L06000082007 1. Entity Name SWIFTEL, LLC					
Principal Place of Business 385 EAST DRIVE WEST MELBOURNE, FL 32904			Mailing Address 385 EAST DRIVE WEST MELBOURNE, FL 32904		
2. Principal Place of Business - No P.O. Box # 3048 Cobblestone Dr.		3. Mailing Address 3048 Cobblestone Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Pace FL		City & State Pace FL 32571		4. FEI Number 20-5984013	
Zip 32571		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANCO, ANGIE 3048 COBBLESTONE DR. PACE, FL 32571			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIDDIX, THOMAS 385 EAST DRIVE WEST MELBOURNE, FL 32904		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President / mgr Angie M. Franco 3048 Cobblestone Dr. Pace FL 32571	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Angie M. Franco</i>			1-19-07 850 332-0667		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		