

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 29, 2007 8:00 am
Secretary of State

04-23-2007 90363 026 ****50.00

30000000



1st MOORE CR2E083 (10/06)

DOCUMENT # L06000089785 1. Entity Name SWEEPNNWIN, LLC			
Principal Place of Business 5209 CICERO DRIVE NEW PORT RICHEY FL 34652		Mailing Address 5209 CICERO DRIVE NEW PORT RICHEY FL 34652	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BOX 2125	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ELKERS, FL	
Zip 34680	Country USA	4. FEE Number 22-3943097	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete	MGR KUNKEL, PEGGY 5209 CICERO DRIVE NEW PORT RICHEY FL 34652	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete	ST KUNKEL, PEGGY 5209 CICERO DRIVE NEW PORT RICHEY FL 34652	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		4/11/07 727-841-9107 Date Daytime Phone #	