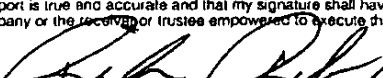


FILED
87. **Sep 12, 2008 8:00 am**
Secretary of State

000110000

DOCUMENT # L07000009333				08-25-2008 90092 040 ***138.75	
1. Entity Name SOUTH SWELL LLC					
Principal Place of Business 19 BOUGAINVILLEA DRIVE COCOA BEACH, FL 32931		Mailing Address 19 BOUGAINVILLEA DRIVE COCOA BEACH, FL 32931			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FFI Number 20-8307196	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RUDOLPH, RICHARD 19 BOUGAINVILLEA DRIVE COCOA BEACH, FL 32931			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUDOLPH, RICHARD 19 BOUGAINVILLEA DRIVE COCOA BEACH, FL 32931	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: 		8-22-08		321-266-6525	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

ATTACHMENT

30011307
~~#~~ 607000009333

GARRY P GEERTSMA ACCOUNTANT LLC

GARRY P GEERTSMA, Accountant, Enrolled Agent, Registered Representative, Licensed mortgage broker Florida, QuickBooks Pro Advisor.

2194 HWY A1A #210 IHB, FLA. 32937

PH & FAX 321-773-8188

Email ggeertsma@msn.com

August 4, 2008

Please excuse the late filed annual report. The taxpayer is not aware of receipt for the original report. This is the first year of business and there was confusion with all the paperwork.

Sincerely,


Garry P Geertsma EA