2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State
08-25-2008 90092 040 ***138.75

DOCUMENT # L07000009333

1. Entity Name
SOUTH SWELL LLC

Principal Place of Business	Mailing Address
19 BOUGAINVILLEA DRIVE COCOA BEACH, FL 32931	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

08052008 Chg-LLC CR2E083 (12/06)

4. FEI 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	7. Name and Address of New Registered Agent
RUDOLPH, RICHARD 19 BOUGANVILLEA DRIVE COCOA BEACH, FL 32931	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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (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 BOUGANVILLEA DRIVE COCOA BEACH, FL 32931	☐ 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
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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 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

30011307

#L07000009333

GARRY P GEERTSMA ACCOUNTANT LLC

GARRY P GEERTSMA, Accountant, Enrolled Agent, Registered Representative, Licensed mortgage broker Florida, Quick Books 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