


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90102 041 \*\*\*138.75

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<b>DOCUMENT # L07000061371</b>					
1. Entity Name SCHWEMLEY & ASSOCIATES, LLC					
Principal Place of Business 13911 W. HILLSBOROUGH AVE SUITE 170 TAMPA, FL 33635 US			Mailing Address 13911 W. HILLSBOROUGH AVE SUITE 170 TAMPA, FL 33635 US		
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. FEI Number 26-0333449	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHWEMLEY, LINDA C 540 PLAM DALE DRIVE OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name Linda C Schwemley Street Address (P.O. Box Number is Not Acceptable) 540 Palmdale Drive City Oldsmar FL Zip Code 34677	
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 <i>Linda C Schwemley</i> (NOTE: Registered Agent signature required when re-registering) DATE 2-26-08					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWEMLEY, LINDA C 13911 W. HILLSBOROUGH AVE., SUITE 170 TAMPA, FL 33635 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Linda C Schwemley</i>				DATE: 2-26-08 DAYTIME PHONE: (727) 458-8320	