

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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4/28/2008-90032-033-\$138.75-\$138.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 24 PM 12:55

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DOCUMENT # L07000083313			
1. Entity Name PESHKIN SWM, LLC			
Principal Place of Business 266 OSPREY POINT DRIVE OSPREY, FL 34229		Mailing Address 266 OSPREY POINT DRIVE OSPREY, FL 34229	
7350 POINT OF ROCKS RD.		7350 POINT OF ROCKS RD.	
2. Principal Place of Business - No P.O. Box # 4131 OCEA POINT DRIVE		3. Mailing Address 4131 OCEA POINT DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State SARASOTA, FL	
Zip 34242		Zip 34242	
Country		Country	
34238		34238	
4. FEI Number 26-0842206		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WAGNER, E. JOHN II 200 S. ORANGE AVENUE SARASOTA, FL 34236		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 registering)			
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGING MEMBER JOHN R. PESHKIN 7350 POINT OF ROCKS RD. SARASOTA, FL 34242		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	
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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 _____		8/28/08 (94) 3503433	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	