

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087169

FILED
Apr 30, 2008
Secretary of State

Entity Name: SWIFFER ENTERPRISES, LLC

Current Principal Place of Business:

4759 SAN CARLO CT
NAPLES, FL 34109

New Principal Place of Business:

7702 GARDNER DR
#201
NAPLES, FL 34109

Current Mailing Address:

5621 STRAND BLVD
STE 305
NAPLES, FL 34110

New Mailing Address:

5621 STRAND BLVD
STE 308
NAPLES, FL 34110

FEI Number: 26-0778233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOACK & COMPANY CPA FIRM, INC.
5235 RAMSEY WAY
UNIT 13
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

NOACK, MITCHELL & COMPANY
12651 METRO PKWY
STE 2
FORT MYERS, FL 33966 US

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.

SIGNATURE: ELIZABETH GIUSTIZIA

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUNZELMAN, MICHAEL T JR.
Address: 4759 SAN CARLO CT
City-St-Zip: NAPLES, FL 34109

Title: MGR (X) Delete
Name: GIUSTIZIA, ELIZABETH
Address: 7702 GARDNER DR #201
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GIUSTIZIA, ELIZABETH
Address: 7702 GARDNER DR #201
City-St-Zip: NAPLES, FL 34109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELIZABETH GIUSTIZIA

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date