


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90065 021 ***138.75

DOCUMENT # L07000089982	
1. Entity Name SWU HOLDINGS, LLC	

Principal Place of Business 1625 WAYFARES COURT ST. GEORGE ISLAND, FL 32562	Mailing Address 1625 WAYFARES COURT ST. GEORGE ISLAND, FL 32562
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address c/o FLETCHER & ASSOCIATES Suite, Apt. #, etc. P. O. BOX 677
City & State	City & State THOMASVILLE, GA
Zip Country	Zip Country
	31799 THOMAS



09032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0849892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, LARRY K 1625 WAYFARES COURT ST. GEORGE ISLAND, FL 32562	
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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, LARRY K 1625 WAYFARES COURT ST. GEORGE ISLAND, FL 32562 <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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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #