2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 09, 2008 8:00 am Secretary of State

		·				v	
DOCUMENT # L07000103342 1. Entity Name SCHWERER MANAGEMENT, LLC					04-28-200	8 90029 027 ***1:	
Principal Plac	e of Business	Mailing Address		\neg		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	•
1	AN RIVER DR	1504 S INDIAN RIVER DR FT PIERCE, FL 34950					
2 Principal F	Place of Business - No P.Q. Box #	3 Mailing Address		_			
1504 5	S. INDIAN KIVER DR	14980		ili 3014 1021/3014 00211 03	IIBI IIBII BURU IIIIBU IIII III	00\$1 H3 1011	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		09042008	Chg-LLC	CR2E083 (12/06)	
FORT PIERCE FU FORT PIER			PCE FL	4. FEI Numi	oer		oplied For ot Applicable
3495	SO Country	34979	Country	5. Certificat	e of Status Desired	□ \$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New I	Registered Agent	
ABERNETHY, BRUCE R JR					A/I	1	
500 VIRGINIA AVE			Street Addres	ss (P.O. Box Num	per is bot Acceptable	e	
STE 202 FT PIERC	E, FL 32982						
		City			FL Zip Cod	e	
	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent.	m Setwe	istered office or regis		oth, in the State of FI	orida. I am familiar with.	and accept
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607 liability company did not r			07.193(2)(b), F.S. t receive the prior	S., the limited Make check payable to princtice. Florida Department of State			
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS	/CHANGES	
TITLE	MGR	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	SCHWERER, JOHN A		NAME				
STREET ADDRESS CITY-ST-ZIP	1504 S INDIAN RIVER DR FT PIERCE, FL 34950		STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	•		☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		Defete	TITLE			☐ Change	Addition
NAME	<u> </u>	□ beite	NAME -				
STREET ADDRESS	}		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-\$T-ZIP			CITY-ST-ZIP				
							

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 it 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

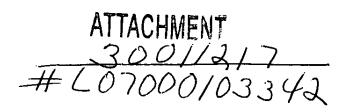
☐ Delete

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

☐ Change

Addition



September 5, 2008

To:

Florida Department of State

Division of Corporations

From: Schwerer Management, LLC

Enclosed please find a corrected annual report for Schwerer Management, LLC. We respectfully submitted this report on March 29, 2008 along with check #1095. The check was cashed by the Department of State and we assumed the LLC was up to date. We did not receive notice of a problem with the annual report form until now.

Thank you.