

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000103342

**FILED**  
**Jan 09, 2010**  
**Secretary of State**

**Entity Name:** SCHWERER MANAGEMENT, LLC

**Current Principal Place of Business:**

1504 S INDIAN RIVER DR  
FT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14980  
FORT PIERCE, FL 34979

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABERNETHY, BRUCE R JR  
500 VIRGINIA AVE  
STE 202  
FT PIERCE, FL 32982 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SCHWERER, JOHN A  
Address: 1504 S INDIAN RIVER DR  
City-St-Zip: FT PIERCE, FL 34950

I hereby 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: JOHN SCHWERER

PRES

01/09/2010

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