

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 16, 2009  
Secretary of State**

DOCUMENT# L07000111335

Entity Name: S&W PROFESSIONAL SERVICES, LLC

**Current Principal Place of Business:**

9460 FONTAINE BLEAU BLV  
532  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

9460 FONTAINE BLEAU BLV  
532  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 26-1359204      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NUNEZ, SANDRA E  
9460 FONTAINE BLEAU BLV  
532  
MIAMI, FL 33172 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: PD ( ) Delete  
Name: NUNEZ, SANDRA E  
Address: 9460 FONTAINE BLEAU BLV APT 532  
City-St-Zip: MIAMI, FL 33172

Title: VD ( ) Delete  
Name: MEDINA, WEIMAR D  
Address: 9460 FONTAINE BLEAU BLV APT 532  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

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

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: SANDRA E NUNEZ

PD

04/16/2009

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