

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008061

Entity Name: ABEL SWANSONG, LLC

FILED
Mar 09, 2009
Secretary of State

Current Principal Place of Business:

633 TRAVERS AVENUE
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

633 TRAVERS AVENUE
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 74-3252114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANSON, S. LEE
633 TRAVERS AVENUE
FORT MYERS, FL 33919 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: MGRM () Delete
Name: SWANSON, S. LEE
Address: 633 TRAVERS AVENUE
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: SWANSON, THOMAS W
Address: 5151 157TH STREET NORTH
City-St-Zip: HUGO, MN 55038

Title: MGRM () Delete
Name: DILLARD, SANDRA K
Address: 450 KEENAN AVENUE
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

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

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: THOMAS W SWANSON

MGRM

03/09/2009

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