

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008061

Entity Name: ABEL SWANSONG, LLC

**FILED**  
**Feb 24, 2011**  
**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  
Name: SWANSON, S. LEE  
Address: 633 TRAVERS AVENUE  
City-St-Zip: FORT MYERS, FL 33919

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

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

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: THOMAS W SWANSON

MGRM

02/24/2011

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