

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000054544

**Entity Name:** KILKENNY - SWIFT LLC.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

830 FLEMING STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

1075 DUVAL ST. C-21 PMB 156  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 26-2866573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MULLINS, SHEILA K  
830 FLEMING STREET  
KEY WEST, FL 33040 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: PT  
Name: MULLINS, JEANNINE  
Address: 830 FLEMING STREET  
City-St-Zip: KEY WEST, FL 33040

Title: VS  
Name: MULLINS, SHEILA  
Address: 830 FLEMING STREET  
City-St-Zip: KEY WEST, FL 33040

Title: V  
Name: MULLINS, NICHOLAS J  
Address: 830 FLEMING STREET  
City-St-Zip: KEY WEST, FL 33040

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: SHEILA MULLINS

VS

04/28/2011

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