

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062807

FILED
Mar 20, 2009
Secretary of State

Entity Name: SWFC CONSTRUCTION LLC

Current Principal Place of Business:

1210 HILLBURN ST E
LEHIGH ACRES, FL 33972

New Principal Place of Business:

1210 HILLBURN ST E
LEHIGH ACRES, FL 33974

Current Mailing Address:

1210 HILLBURN ST E
LEHIGH ACRES, FL 33972

New Mailing Address:

1210 HILLBURN ST E
LEHIGH ACRES, FL 33974

FEI Number: 26-2883324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUSTAVO, GARCIA
1210 HILLBURN ST E
LEHIGH ACRES, FL 33972 US

Name and Address of New Registered Agent:

GUSTAVO, GARCIA
1210 HILLBURN ST E
LEHIGH ACRES, FL 33974 US

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: AILEEN GARCIA

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARCIA, GUSTAVO
Address: 1210 HILLBURN ST E
City-St-Zip: LEHIGH ACRES, FL 33972

Title: MGR () Delete
Name: GARCIA, AILEEN
Address: 1210 HILLBURN ST E
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARCIA, GUSTAVO
Address: 1210 HILLBURN ST E
City-St-Zip: LEHIGH ACRES, FL 33974

Title: MGR (X) Change () Addition
Name: GARCIA, AILEEN
Address: 1210 HILLBURN ST E
City-St-Zip: LEHIGH ACRES, FL 33974

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: AILEEN GARCIA

MEM

03/20/2009

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