## L09000121653

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(====== <b>=</b> === <b>,</b> == <b>,</b> ==== <b>,</b>
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

N. CAUSSEAN

DEC 2 3 2009

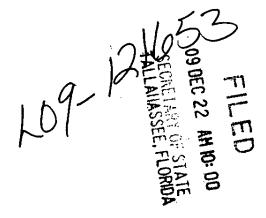
EXAMINER

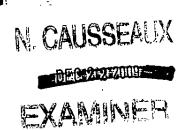


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LC

12/22/09--01018--006 \*\*\*125.00





## **COVER LETTER**

**Registration Section** 

TO:

Division of (	Corporations	
SUBJECT:	Sv	viftcurrent, LLC
	Name of Limite	d Liability Company
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.
Please return all corre	spondence concerning this matte	er to the following:
		arles Juneau
		Name of Person
	Sw	iftcurrent, LLC
		Firm/Company
	4707 V	V. Bay View Ave.
		Address
	Tar	npa, FL 33611
		/State and Zip Code
	chuck_ju	neau@hotmail.com or future annual report notification)
For further informatic	on concerning this matter, please	•
	arles Juneau ne of Person	at ( 727 ) 421-8841 Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

LC Company," "L.L.C.," or "LLC.") ipal office of the Limited Liability Company is:
Company," "L.L.C.," or "LLC.")
ipal office of the Limited Liability Company is:
ipal office of the Limited Liability Company is:
ipal office of the Limited Liability Company is:
Mailing Address:
707 W. Bay View Ave.
ampa, FL 33611
, ,
stered agent are:
ew Ave.
x <u>NOT</u> acceptable)
I.
Cip
ept service of process for the above stated limited certificate, I hereby accept the appointment as further agree to comply with the provisions of all rmance of my duties, and I am familiar with and ed agent as provided for in Chapter 608, F.S  (REQUIRED)

(CONTINUED)

## Page 1 of 2

<u>Title:</u>		Name and Address:	SSEE, FLORE
"MGR" = Manage	er		700
"MGRM" = Mana	aging Member		22
Manager		Charles Lee Juneau	*
		4707 W. Bay View Ave	<del></del>
		Tampa, FL 33611	
	_		
	_		
		<del> </del>	
71 t	C		
(Use attachment i	f necessary)		
	• ,		· ·
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LE V: Effective defective defective date is list days after the da	late, if other than the ed, the date must be te of filing.)  CNATURE:  Signature of a near the	date of filing:  e specific and cannot be more than five  r or an action zed representative of a mem	(OPTIONA e business day ber.
LE V: Effective defective defective date is list days after the da	late, if other than the ed, the date must be te of filing.)  Signature of a negative (In accordance with secondary)	date of filing:  e specific and cannot be more than five  rectangle and cannot be more than five  rectangle and cannot be more than five  rectangle and cannot be more than five  et an all borzed representative of a memore than 608,408 (3), Florida Statutes, the execution	(OPTIONA e business day ber.
LE V: Effective defective defective date is list days after the da	late, if other than the ed, the date must be te of filing.)  Signature of a negative (In accordance with secondary)	date of filing:  e specific and cannot be more than five  ref an actor zed representative of a memoration 608.40833, Florida Statutes, the execution titutes an affirmation under the penalties of per	(OPTIONA e business day ber.
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LE V: Effective defective defective date is list days after the da	late, if other than the ed, the date must be te of filing.)  ENATURE:  Signature of a new file of this document const that the facts stated her	date of filing:  e specific and cannot be more than five  ref an althorized representative of a mem  ction 608.408 (3), Florida Statutes, the execution citutes an affirmation under the penalties of per  rein are true.)	(OPTIONA e business day ber.

5 3.00 Certificate of Status (Optional)