

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000029058

Entity Name: S. SWANSON 6, LLC

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

125 RIVERS EDGE DR.  
EAST PALATKA, FL 32131

**New Principal Place of Business:**

**Current Mailing Address:**

125 RIVERS EDGE DR.  
EAST PALATKA, FL 32131

**New Mailing Address:**

FEI Number: 80-0699380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLARDY, JOHN S III  
243 NE 7TH STREET  
CRYSTAL RIVER, FL 34428 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: P  
Name: GAINES, DIANNE S  
Address: 125 RIVERS EDGE DR.  
City-St-Zip: EAST PALATKA, FL 32131

Title: V  
Name: SWANSON, E. CARL JR  
Address: 641 E. LYNN SHORES CRL  
City-St-Zip: VIRGINIA BEACH, VA 23452

Title: T  
Name: SHEPHARD, CARROLL  
Address: 4201 CARROLLWOOD VILLAGE DR  
City-St-Zip: TAMPA, FL 33642

Title: S  
Name: SWANSON MADDOX, JOANNE  
Address: 45 GARRISON RD  
City-St-Zip: QUEENSBURY, NY 12804

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: DIANNE S. GAINES

MS

04/14/2012

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