

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000139447

Entity Name: SQWD, LLC

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2647 PROFESSIONAL CIRCLE, SUITE 1201  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

2647 PROFESSIONAL CIRCLE, SUITE 1201  
NAPLES, FL 34119

**New Mailing Address:**

FEI Number: 45-4024300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLEMAN, YOVANOVICH & KOESTER, P.A.  
4001 TAMiami TRAIL NORTH, STE. 300  
NAPLES, FL 341033556 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: MGR  
Name: STOCK, BRIAN K  
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1201  
City-St-Zip: NAPLES, FL 34119

Title: VP  
Name: KOCSES, CHAD  
Address: 2647 PROFESSIONAL CIRCLE  
City-St-Zip: NAPLES, FL 34119

Title: VP  
Name: IMIG, BOB  
Address: 2647 PROFESSIONAL CIRCLE  
City-St-Zip: NAPLES, FL 34119

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: BRIAN K STOCK

MGR

04/29/2012

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