

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000001254**

1. Entity Name

SWAN SERVICES LIMITED LIABILITY COMPANY

Principal Place of Business

**2340 PERIWINKLE WAY
SUITE J-3
SANIBEL ISLAND FL 33957**

Mailing Address

**2340 PERIWINKLE WAY
SUITE J-3
SANIBEL ISLAND FL 33957-3220**

2. Principal Place of Business

2340 Periwinkle Way

Suite, Apt. #, etc.

Suite I-2

City & State

Sanibel Island, Florida

Zip

33957

Country

USA

3. Mailing Address

2340 Periwinkle Way

Suite, Apt. #, etc.

Suite I-2

City & State

Sanibel Island, Florida

Zip

33957

Country

USA

4. FEI Number

65-0715370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



FILED

00 FEB -4 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

RATLIFF, ROBERT LEE III

2340 PERIWINKLE WAY

SUITE J-3

SANIBEL ISLAND FL 33957

7. Name and Address of New Registered Agent

Name **Ratliff, Robert Lee III**

Street Address (P.O. Box Number is Not Acceptable)

2340 Periwinkle Way

Suite I-2

City

Sanibel Island

FL

Zip Code

33957

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE **MEM** ☐ Delete
NAME **HEAD, DOUGLAS MARTIN**
STREET ADDRESS **2340 PERIWINKLE WAY, SUITE J-3**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE **MEM** ☐ Delete
NAME **HEAD, SANDRA AUDREY**
STREET ADDRESS **2340 PERIWINKLE WAY, SUITE J-3**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE **MEM** ☐ Delete
NAME **RATLIFF, ROBERT LEE III**
STREET ADDRESS **2340 PERIWINKLE WAY, SUITE J-3**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MEM** ☒ Change ☐ Addition
NAME **Head, Douglas Martin**
STREET ADDRESS **2340 Periwinkle Way, Suite I-2**
CITY-ST-ZIP **Sanibel Island, Florida 33957**

TITLE **MEM** ☒ Change ☐ Addition
NAME **Head, Sandra audrey**
STREET ADDRESS **2340 Periwinkle way, Suite I-2**
CITY-ST-ZIP **Sanibel Island, Florida 33957**

TITLE **MEM** ☒ Change ☐ Addition
NAME **Ratliff, Robert Lee III**
STREET ADDRESS **2340 Periwinkle Way, Suite I-2**
CITY-ST-ZIP **Sanibel Island, Florida 33957**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2-2-00

941-395-1300