

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000733

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** SWAT 24 STUART, FLORIDA, L.L.C.

**Current Principal Place of Business:**

1774 SW BILTMORE ST.  
PORT ST LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

1774 SW BILTMORE ST.  
PORT ST LUCIE, FL 34984

**New Mailing Address:**

FEI Number: 72-1381440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLEMAN, JASON O  
1774 SW BILTMORE ST.  
PORT ST. LUCIE, FL 34984 US

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

COLEMAN, JASON O  
2412 SE WISHBONE RD.  
PORT ST. LUCIE, FL 34952 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/16/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: COLEMAN, JOHN O  
Address: 7630 BROOKHAVEN WAY  
City-St-Zip: SHREVEPORT, LA 71105

Title: MGR  
Name: COLEMAN, LARRAINE P  
Address: 7630 BROOKHAVEN WAY  
City-St-Zip: SHREVEPORT, LA 71105

Title: MGRM  
Name: COLEMAN, JOHN D  
Address: 34 SUMMERWIND TRAIL  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM  
Name: COLEMAN, JASON O  
Address: 2412 SE WISHBONE RD.  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: JASON O. COLEMAN

MGRM

04/16/2012

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