

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037083

Entity Name: JOHN M. SWEGAN, LLC**Current Principal Place of Business:**6002 DELEON AVE
FORT PIERCE, FL 34951**Current Mailing Address:**7504BROOKLINE AVE
FORT PIERCE, FL 34951 US**FEI Number:** 75-3155578**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWEGAN, JOHN M
6002 DELEON AVE
FT. PIERCE, FL 34951 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:** JOHN M SWEGAN

04/28/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SWEGAN, JOHN M
Address 6002 DELEON AVE
City-State-Zip: FORT PIERCE FL 34951

Title MGR
Name CASERTA, DONALD
Address 758 SW COLLEGE PARK RD.
City-State-Zip: PSL FL 34953

Title MGR
Name SWEGAN, BRUCE G
Address 7504 BROOKLINE AVE.
City-State-Zip: FT. PIERCE FL 34951

Title MGR
Name EDENFIELD, TYLER R
Address 5704 SHANNON DR.
City-State-Zip: FT. PIERCE FL 34951

Title MANAGER
Name RATHBURN, PAUL B
Address 7802 PENNY LN.
City-State-Zip: FORT PIERCE FL 34951

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M. SWEGAN

OWNER

04/28/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date