

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000017313

**FILED**  
**Jan 20, 2016**  
**Secretary of State**  
**CC8174476587**

**Entity Name:** SOUTHWEST FLORIDA EVERGLADES, LLC

**Current Principal Place of Business:**

5661 INDEPENDENCE CIRCLE  
SUITE 1  
FORT MYERS, FL 33912

**Current Mailing Address:**

5661 INDEPENDENCE CIRCLE  
SUITE 1  
FORT MYERS, FL 33912

**FEI Number:** 20-2425813

**Certificate of Status Desired:** No

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

GREEN, BRUCE D  
1380 ROYAL PALM SQUARE BLVD.  
FORT MYERS, FL 33919 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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name BROOKS, DONALD E  
Address 5661 INDEPENDENCE CIRCLE, SUITE 1  
City-State-Zip: FORT MYERS FL 33912

Title MGR  
Name FREUND, RICHARD  
Address 5661 INDEPENDENCE CIRCLE, SUITE 1  
City-State-Zip: FORT MYERS FL 33912

Title MGR  
Name KIDDY, THOMAS PSR  
Address 5661 INDEPENDENCE CIRCLE, SUITE 1  
City-State-Zip: FORT MYERS FL 33912

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS KIDDY

MGR

01/20/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date