

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000074719

**Entity Name:** SWA2Z RESTORATION LLC

**Current Principal Place of Business:**

1561 LYNWOOD AVE  
FORT MYERS, FL 33901

**Current Mailing Address:**

1561 LYNWOOD AVE  
FORT MYERS, FL 33901 UN

**FEI Number:** 68-0631544

**Certificate of Status Desired:** No

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

SWAYA, THOMAS A JR.  
1561 LYNWOOD AVE  
FORT MYERS, FL 33901 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 SWAYA, THOMAS A JR.  
Address 1561 LYNWOOD AVE  
City-State-Zip: FORT MYERS FL 33901

Title MGR  
Name KANSORKA, IAN E  
Address 1561 LYNWOOD AVE  
City-State-Zip: FORT MYERS FL 33901

Title MGR  
Name MCCULLOUGH, IAN  
Address 12360 WOODROSE CT #3  
City-State-Zip: FORT MYERS FL 33907

Title MGR  
Name DE LA ROSA, NOEL  
Address 1561 LYNWOOD AVE  
City-State-Zip: FORT MYERS FL 33901

*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 SWAYA

**MANAGER**

**04/29/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date