

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000248424

**Entity Name:** SWAMP BILLY LLC

**Current Principal Place of Business:**

185 GARDEN AVE NW  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

14432 MC CLELLAN AVE  
PORT CHARLOTTE, FL 33953 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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:** ERIK TREUTLEIN, US CORP. AGENTS

03/04/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name GOFF, TRAVIS MICHAEL  
Address 185 GARDEN AVE NW  
City-State-Zip: PORT CHARLOTTE FL 33952

Title AMBR  
Name GOFF, PENELOPE FAROH  
Address 185 GARDEN AVE NW  
City-State-Zip: PORT CHARLOTTE FL 33952

*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:** TRAVIS GOFF

MANAGING MEMBER

03/04/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date