

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000037741

Entity Name: SPENCER, LLC

**FILED**  
**Nov 09, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

550 BAYPOINT ROAD  
MIAMI, FL 33137

**New Principal Place of Business:**

625 BUTTONWOOD LANE  
MIAMI, FL 33136

**Current Mailing Address:**

550 BAYPOINT ROAD  
MIAMI, FL 33137

**New Mailing Address:**

625 BUTTONWOOD LANE  
MIAMI, FL 33136

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

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

DUNSFORD, TINA ESQ  
AKERMAN SENTERFITT  
100 SOUTH ASHLEY DRIVE, STE. 1500  
TAMPA, FL 33602 US

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

DUNSFORD, TINA ESQ  
200 CENTRAL AVENUE  
SUITE 1600  
ST. PETERSBURG, FL 33701 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: TINA DUNSFORD

11/09/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      MALEK, PAUL A MD  
Address:                      625 BUTTONWOOD LANE  
City-St-Zip:                      MIAMI, FL 33136

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: PAUL ALLEN MALEK, MD

MGRM

11/09/2005

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