

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022836

FILED
May 01, 2007
Secretary of State

Entity Name: SPIN CITY, LLC

Current Principal Place of Business:

BOX 1935
PINELLAS PARK, FL 33780

New Principal Place of Business:

Current Mailing Address:

BOX 1935
PINELLAS PARK, FL 33780

New Mailing Address:

FEI Number: 74-3141041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THADDEUS FREEMAN, PLLC
8150 CYPRESS GARDEN COURT
LARGO, FL 33777 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FIGHERA, RALPH
Address: 19817 GULF BLVD, NO. 302
City-St-Zip: INDIAN SHORES, FL 33785

Title: MGRM () Delete
Name: FIGHERA, CHRISTOPHER
Address: 19817 GULF BLVD, NO. 302
City-St-Zip: INDIAN SHORES, FL 33785

Title: MGRM () Delete
Name: FIGHERA, JOSEPHINE
Address: 19817 GULF BLVD, NO. 302
City-St-Zip: INDIAN SHORES, FL 33785

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RALPH FIGHERA

MGRM

05/01/2007

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