

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015044

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: SPHERE, LLC

**Current Principal Place of Business:**

40 CHARLOTTE STREET  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

40 CHARLOTTE STREET  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 20-5931703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

EGGLESTON, OLIVIA  
40 CHARLOTTE ST  
ST AUGUSTINE, FL 32084 US

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

EGGLESTON, OLIVIA J  
40 CHARLOTTE ST  
ST AUGUSTINE, FL 32084 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: OLIVIA J. EGGLESTON

03/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SLEPPY, SANDRA K  
Address: 40 CHARLOTTE ST  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGR ( ) Delete  
Name: EGGLESTON, HEATHER D  
Address: 40 CHARLOTTE STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

**ADDITIONS/CHANGES:**

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: SANDRA K.. SLEPPY

MGR

03/20/2009

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