

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000025036

Entity Name: SPS ASSOCIATES LLC**Current Principal Place of Business:**5286, TALLULAH LAKE COURT
JACKSONVILLE, FL 32224**Current Mailing Address:**5286, TALLULAH LAKE COURT
JACKSONVILLE, FL 32224 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHERIPALLI, PRAVEEN
5286 TALLULAH LAKE COURT
JACKSONVILLE, FL 32224 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	CHERIPALLI, PRAVEEN
Address	5286 TALLULAH LAKE COURT
City-State-Zip:	JACKSONVILLE FL 32224

Title	MGR
Name	MUTPUR, MOUNICA
Address	8300 WYOMING BLVD NE APT 812
City-State-Zip:	ALBUQUERQUE NM 87113

Title	MGR
Name	PONUGOTI, SHASHANK
Address	725 GREENHILL BLVD
City-State-Zip:	BREENTWOOD TN 37027

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: PRAVEEN CHERIPALLI

MANAGER

02/13/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date