

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90005 023 ****50.00

DOCUMENT # L00000001099 1. Entity Name SPOKE AUTOMOTIVE CONSULTING LLC					
Principal Place of Business 2839 JACK NICKLAUS WAY SHALIMAR, FL 32579			Mailing Address 2839 JACK NICKLAUS WAY SHALIMAR, FL 32579		
2. Principal Place of Business 1801 11th Ave		3. Mailing Address 1801 11th Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Albany GA.		City & State Albany GA.			
Zip 31707		Country USA		4. FEI Number 59-3630093	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when restate) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CONNELL, CHRIS 2839 JACK NICHOLUAS WAY SHALIMAR, FL 32579		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Chris Connell 1801 11th Ave Albany GA. 31707	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR UNGER, JOEL 131 NEWCASTLE CIRCLE FT. WALTON BEACH, FL 32548		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/23/04 Daytime Phone # 229 883 1146		