2006 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000000990

1. Entity Name SPIRIT, LLC

Principal Place of Business

- Mailing Address

3349 NE 33RD STREET FORT LAURDERDALE, FL 33308

3349 NE 33RD STREET FORT LAURDERDALE, FL 33308

FILED Mar 08, 2006 08:00 AM Secretary of State



02072006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1069698 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKE, LAWRENCE E P.A. 3326 NE 33RD STREET FORT LAURDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the purpose of cha lions of registered agent.	nging its registered office o	r registered agent, or both, in the S	State of Florida. I am familiar with, and accor-	pt
SIGNATURE.	Signature, typed or printed name of registered agent and lifts if applicable	(NOTE, Registered Agent signal	ure required when reinstating;	DATE	
F	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RONCATTI, NELIDA SUSANA 3349 NE 33RD STREET FORT LAURDERDALE, FL 33308				
TITLE NAME STREET ADDRESS GITY-ST-ZIP			0 03/1	00000459529 8/06-800 <mark>38-001 50.00</mark>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE	
THILE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	S SPACE	
THTLE HAME STREET ADDRESS CITY-ST-ZIP					
RITLE					

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 1 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:	Nedo	1 Rec	NOH	7
SIGNATURE A	UN TYPEN OR PRINTED A	LUE OF RIGHING MA	INAGING MEMBER.	R AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

Daytima Finane #