

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000001564

1. Entity Name
SPRAGUE CAPITAL, LLC



Principal Place of Business
2720 DELMAR DR
GULF BREEZE, FL 32563

Mailing Address
1333 COLLEGE PKWY, # 125
GULF BREEZE, FL 32563



02212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3695406

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGHTOWER, DAVID E
3 WEST GARDEN ST., STE. 700
PENSACOLA, FL 32501

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SPRAGUE, GOLDON J
STREET ADDRESS	2720 DELMAR DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32563

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/03/08-80071-017-138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

850934-0738