

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000002752**

1. Entity Name  
**SPARTY INDUSTRIES, LLC**



Principal Place of Business  
**1885 S.W. 4TH AVE.  
DELRAY BEACH, FL 33444**

Mailing Address  
**1885 S.W. 4TH AVE.  
DELRAY BEACH, FL 33444**

**DO NOT WRITE IN THIS SPACE**



07072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-0510805**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MCINNES, BOB  
1885 S.W. 4TH AVE.  
DELRAY BEACH, FL 33444**

**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 reappointing)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

1100000165253  
07/12/04-80006-001 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
MCINNES, ROBERT  
8-17 BAMBOO DR  
BRINY BREEZES, FL 33435**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
MARCOVITCH, ALLEN  
1155 SW 25TH AVE  
BOYNTON BEACH, FL 33426**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
KIPPERT, JOAN Z  
1902 SPANISH TRAIL # 1  
DELRAY BEACH, FL 33483**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 605, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**7/7/04 (56) 276 9196**

Date

Daytime Phone #