

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # L01000011743

1. Entity Name
SPEG, LLC



Principal Place of Business

1428 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33131

Mailing Address

1428 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33131



03192008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1151441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, PAUL M
1428 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33131

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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

U000000872980
04/10/08-80059-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CUMMINGS, PAUL M
STREET ADDRESS 1428 BRICKELL AVENUE, SUITE 400
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM
NAME VOLSKY, GEORGE
STREET ADDRESS 1 SOUTHEAST 3RD AVENUE
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM
NAME JACOBS, ERIC
STREET ADDRESS 13594 SW 58TH AVENUE
CITY-ST-ZIP MIAMI, FL 33156

TITLE MGRM
NAME KLEBANOFF, STEVEN
STREET ADDRESS 8 LONGBRIDGE DR.
CITY-ST-ZIP PORT CHESTER, NY 10573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

3/20/08