

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007727

FILED
Aug 13, 2008
Secretary of State

Entity Name: C SPRITE LLC

Current Principal Place of Business:

74 NORTH LIME STREET
FELLSMERE, FL 32948

New Principal Place of Business:

Current Mailing Address:

74 NORTH LIME STREET
FELLSMERE, FL 32948

New Mailing Address:

FEI Number: 75-3039212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JASIORKOWSKI, DIANA
74 NORTH LIME STREET
FELLSMERE, FL 32948 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JASIORKOWSKI, DIANA
Address: 74 NORTH LIME ST.
City-St-Zip: FELLSMERE, FL 32948 US

Title: MGRM () Delete
Name: JASIORKOWSKI, RICHARD SR
Address: 1 TOWNSEND AVE.
City-St-Zip: NEW HAVEN, CT 06512 US

Title: MGRM () Delete
Name: JASIORKOWSKI, RICHARD JR
Address: 1 TOWNSEND AVE.
City-St-Zip: NEW HAVEN, CT 06512 US

Title: MGRM () Delete
Name: PALMER, LISA
Address: 74 NORTH LIME ST
City-St-Zip: FELLSMERE, FL 32948 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIANA JASIORKOWSKI

MGRM

08/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date