

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007727

FILED  
Apr 25, 2009  
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 (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

04/25/2009

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