

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 21, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000013503**

1. Entity Name  
**SPCC, LLC**



Principal Place of Business

**4 OAKHILL WAY  
STUART, FL 34996**

Mailing Address

**4 OAKHILL WAY  
STUART, FL 34996**



01142005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**33-1051155**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

8. Name and Address of Current Registered Agent

**CONWAY, STEPHEN P  
4 OAKHILL WAY  
STUART, FL 34994**

**DO NOT WRITE  
IN THIS SPACE**

9. 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

**Filing Fee is \$50.00  
Due by May 1, 2005**

10. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CONWAY, STEPHEN P  
4 OAKHILL WAY  
STUART, FL 34996**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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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 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

**STEPHEN P. CONWAY**

**2-16-05 772 2200064**