

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90115 046 ****50.00

DOCUMENT # L02000018641

1. Entity Name

SPS DEVELOPMENT CO., L.L.C.



Principal Place of Business

**109 PEMBROKE DRIVE
PALM BEACH GARDENS FL 33418**

Mailing Address

**109 PEMBROKE DRIVE
PALM BEACH GARDENS FL 33418**

45000237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

73-1649993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEPHEN S. MATHISON, P.A.
5606 PGA BLVD., SUITE 211
PALM BEACH GARDENS FL 33418**

Name

RALPH R PISANI

Street Address (P.O. Box Number is Not Acceptable)

109 PEMBROKE DRIVE

City

Palm Beach Gardens

FL

Zip Code

33418

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

Ralph R Pisani

1-4-03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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**MGR M
RALPH R PISANI
109 PEMBROKE DRIVE
PALM BEACH GARDENS FL 33418**

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

Ralph R Pisani

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

Date

Daytime Phone #

1-4-03

561 627 7714

CR2E083 (10/02)