

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

05-22-2003 90038 015 ****50.00

FILED L02000022351

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 29 PM 1:16

DOCUMENT # L02000022351

1. Entity Name

SPPG LIMITED COMPANY



Principal Place of Business

1025 N. FEDERAL HWY. US 1
LAKE PARK FL 33403

Mailing Address

1025 N. FEDERAL HWY. US 1
LAKE PARK FL 33403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

54-2103643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLDER, DOUGLAS JR
1025 N. FEDERAL HWY. US 1
LAKE PARK FL 33403

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 changing)

DATE

5/19/03

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

TITLE
NAME

MGR Andrea Gomez
1017 N. Federal Hwy
Lake Park FL 33403

☐ Delete

TITLE
NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

MGR Douglas A. Holder, Jr.
529 S. Flagler Dr. #11E
West Palm Beach, FL 33401

☐ Delete

TITLE
NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 808, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

5/19/03

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

Date

Daytime Phone #

CR2003 (10/02)