

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 29, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000031396**

1. Entity Name  
**SPARKWORKS, LLC**



Principal Place of Business  
**1784 NW 39TH PLACE  
OAKLAND PARK, FL 33309**

Mailing Address  
**1784 NW 39TH PLACE  
OAKLAND PARK, FL 33309**



02212005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1102061**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SPARK, KEVIN  
1784 NW 39TH PLACE  
OAKLAND PARK, FL 33309**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

9. **MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SPARK, MARLINDA  
1784 NW 39TH PL  
OAKLAND PARK, FL 33309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**U000000341378  
04/29/05-80013-019 50.00**

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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

**4-25-05**

Date

**954 735 5311**

Daytime Phone #