

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # LO3000046023

1. Entity Name

Rick Spooner LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8300 WAKULLA SPRINGS RD

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

TALLA

City & State

FLA

Zip

32310

Country

LEON

Zip

32360

Country

LEON

4. FEI Number

33-1076531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Rick Spooner (Richard Spooner)

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

8300 WAKULLA SPRINGS RD
TALLAHASSEE FL 32310

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE President
NAME Richard Spooner
STREET ADDRESS 8300 WAKULLA SPRINGS RD
CITY-ST-ZIP TALLA FLA 32310

TITLE VP
NAME Mike Warner
STREET ADDRESS 26 ANDREW SPEARS RD
CITY-ST-ZIP CRAWFORDVILLE FLA

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02/18/04--01048--001 **50.00

**DO NOT WRITE
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)(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:

Richard Spooner

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

2-3-04

Date

Daytime Phone #

CR2E083B (12/01)