


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000048078</b>	
1. Entity Name <b>SPARKS PLUMBING AND ELECTRICAL SERVICES, LLC</b>	

Principal Place of Business <b>681 SPARKS ROAD MONTICELLO, FL 32344</b>	Mailing Address <b>681 SPARKS ROAD MONTICELLO, FL 32344</b>
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DO NOT WRITE IN THIS SPACE



01202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>26-7863511</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BRUCE EDWARD SPARKS  
681 SPARKS ROAD  
MONTICELLO, FL 32344**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BRUCE EDWARD SPARKS 681 SPARKS ROAD MONTICELLO, FL 32344</b>
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01/29/08-80084-011 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Bruce Sparks **1/20/08 850 997 3676**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #