


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90175 043 ***138.75

DOCUMENT # L03000049726 1. Entity Name SPAFFORD AVENUE, LLC	
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Principal Place of Business 11585 US HIGHWAY 1 C/O MARK HOLMES NORTH PALM BEACH, FL 33408	Mailing Address 11585 US HIGHWAY 1 C/O MARK HOLMES NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE

03262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0450981	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required.

6. Name and Address of Current Registered Agent

HOLMES, MARK E
11585 US HWY 1
PALM BEACH GARDENS, FL 33408

**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 _____ (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	MGR HOLMES, MARK E 11585 US HIGHWAY 1 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOHLMAYER, CLAYTON E 11585 US HIGHWAY 1 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOHLMAYER, ANN M 11585 US HIGHWAY 1 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLMES, KAREN 11585 US HIGHWAY 1 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **MARK HOLMES**
- MANAGER MEMBER - 4-1-08 (561) 514-7215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #