


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90014 037 ****55.00

DOCUMENT # L03000052930		
1. Entity Name SPREADBURY PROPERTY MAINTENANCE LLC		

Principal Place of Business 7924 ORCHID LAKE RD NEW PORT RICHEY, FL 34653	Mailing Address 7924 ORCHID LAKE RD NEW PORT RICHEY, FL 34653
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2. Principal Place of Business 8338 Briarleaf Ct. Suite, Apt. #, etc.	3. Mailing Address 8338 Briarleaf Ct. Suite, Apt. #, etc.
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City & State Port Richey FL	City & State Port Richey, FL
Zip 34668 FL	Country Pasco
Zip 34668	Country Pasco

40033869

03282006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3539374

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

6. Name and Address of Current Registered Agent SPREADBURY, ROBERT D 7924 ORCHID LAKE RD NEW PORT RICHEY, FL 34653	7. Name and Address of New Registered Agent Name Spreadbury, Robert D Street Address (P.O. Box Number is Not Acceptable) 8338 Briar Leaf Ct City Port Richey FL Zip Code 34668
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPREADBURY, ROBERT D 7924 ORCHID LAKE RD NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robert Spreadbury 8338 Briar Leaf Ct Port Richey, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ Date: 12 April 2006 Daytime Phone #: 727 842-6611

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