

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000016943

1. Entity Name
SPENCER LAW FIRM, PLC



Principal Place of Business
3656 SHAMROCK WEST
TALLAHASSEE, FL 32309

Mailing Address
3656 SHAMROCK WEST
TALLAHASSEE, FL 32309

FILED

08 JAN 16 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
74-2367254

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

SPENCER, GWENDOLYN J ESQUIRE
3656 SHAMROCK WEST
TALLAHASSEE, FL 32309

**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 _____

**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	MGRM SPENCER, GWENDOLYN J ESQUIRE 3656 SHAMROCK WEST TALLAHASSEE, FL 32309
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01/23/08--01006--021 **143.75

**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: _____

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

1/16/08

Date

Daytime Phone #