

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056622

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: BEN SPIKER, LLC

**Current Principal Place of Business:**

1239 WOLFE STREET  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

902 9TH AVE N  
JACKSONVILLE BEACH, FL 32250 US

**Current Mailing Address:**

1239 WOLFE STREET  
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

902 9TH AVE N  
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 68-0558532

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIKER, BEN  
1239 WOLFE ST.  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

SPIKER, BEN  
902 9TH AVE N  
JACKSONVILLE BEACH, FL 32250 US

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: BEN SPIKER

04/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SPIKER, BEN J  
Address: 1239 WOLFE ST.  
City-St-Zip: JACKSONVILLE, FL 32205 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SPIKER, BEN J  
Address: 902 9TH AVE N  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BEN SPIKER

MGMR

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date