

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90136 019 ****50.00

DOCUMENT # L04000070790

1. Entity Name
SPIRIT INVESTMENTS, LLC



Principal Place of Business

**14342 NUGENT CIRCLE
SPRING HILL, FL 34609**

Mailing Address

**14342 NUGENT CIRCLE
SPRING HILL, FL 34609**

00004111



06062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1652483

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAMPBELL, JOHN
14342 NUGENT CIRCLE
SPRING HILL, FL 34609**

**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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CAMPBELL, JOHN
14342 NUGENT CIRCLE
SPRING HILL, FL 34609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CAMPBELL, ROSEMARIE
14342 NUGENT CIRCLE
SPRING HILL, FL 34609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BADALIAN, THOMAS
463 RAILROAD AVENUE
MANORVILLE, NY 11949**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BADALIAN, ANITA M
463 RAILROAD AVENUE
MANORVILLE, NY 11949**

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: _____

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

Date

Daytime Phone #

06-04-07

352-848-0031