

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

**FILED**  
**Sep 10, 2008 08:00 AM**  
**Secretary of State**



08132008 No Chg-LLC

CR2E083 (12/07)

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000959442  
09/10/08-80005-007 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CAMPBELL, JOHN
STREET ADDRESS	14342 NUGENT CIRCLE
CITY- ST- ZIP	SPRING HILL, FL 34609
TITLE	MGRM
NAME	CAMPBELL, ROSEMARIE
STREET ADDRESS	14342 NUGENT CIRCLE
CITY- ST- ZIP	SPRING HILL, FL 34609
TITLE	MGRM
NAME	BADALIAN, THOMAS
STREET ADDRESS	463 RAILROAD AVENUE
CITY- ST- ZIP	MANORVILLE, NY 11949
TITLE	MGRM
NAME	BADALIAN, ANITA M
STREET ADDRESS	463 RAILROAD AVENUE
CITY- ST- ZIP	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 #

8-13-08 352848-0031