

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083686

Entity Name: DAVID L. SPIRE, L.L.C.

FILED  
Sep 04, 2007  
Secretary of State

**Current Principal Place of Business:**

5515 90TH AVENUE CIRCLE EAST  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 376  
ELLENTON, FL 34222

**New Mailing Address:**

FEI Number: 20-1913584      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SPIRE, DAVID L  
5515 90TH AVENUE CIRCLE EAST  
PARRISH, FL 34219      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SPIRE, DAVID L PRES  
Address: 5515 90TH AVE. CIRCLE EAST  
City-St-Zip: PARRISH, FL 34219

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID SPIRE

MGRM

09/04/2007

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