

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000024308	
1. Entity Name SPARKLE L.C.	
Principal Place of Business 8030 PETERS ROAD, SUITE D-104 PLANTATION, FL 33324	Mailing Address 8030 PETERS ROAD, SUITE D-104 PLANTATION, FL 33324



FILED
Aug 04, 2008 08:00 AM
Secretary of State



07072008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, TED
8030 PETERS ROAD, SUITE D-104
PLANTATION, FL 33324

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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 _____ (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.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARFATI, AGATHE 8030 PETERS ROAD, SUITE D-104 PLANTATION, FL 33324
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08/04/08-80002-012 138.75

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: Miscopati Date: 7/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #