

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000024308

1. Entity Name
SPARKLE L.C.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 25 PM 3:41

Principal Place of Business
8030 PETERS ROAD, SUITE D-104
PLANTATION, FL 33324

Mailing Address
8030 PETERS ROAD, SUITE D-104
PLANTATION, FL 33324



01052009 No Chg-LLC CR2E083 (11/08)

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2009 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SARFATI, AGATHE
STREET ADDRESS	8030 PETERS ROAD, SUITE D-104
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

02/03/09--01011--002 **138.75
400142705124
02/03/09--01011--002 **138.75

DO NOT WRITE
IN THIS SPACE

B. Tadlock MAR 25 2009

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: *[Handwritten Signature]*

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