

To:

From: Spiegel & Utrera

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90053 022 ****55.00

20046203

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000057015	
1. Entity Name INSPIRED DEVELOPMENT GROUP, LLC	
DO NOT WRITE IN THIS SPACE	

2. Principal Place of Business 9341 NUGENT TRAIL Suite, Apt. #, etc.	3. Mailing Address 9341 NUGENT TRAIL Suite, Apt. #, etc.
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City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33411	Country USA

4. FEI Number 20-2981847	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Spiegel & Utrera, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor	
City Miami	Zip Code FL 33145

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.

SIGNATURE

Signature, typed or printed name of Registered agent and title if applicable

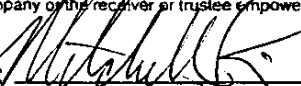
DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / MGRM BRENT CYMBALSKI 34262 ASPEN PARK CHESTERFIELD, MI 48047	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT / MGRM MITCHELL PRINE 9341 NUGENT TRAIL West Palm Beach FL 33411	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 

MITCHELL PRINE

5.15.06

561-784-9450

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

Date

Daytime Phone #