2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 05, 2007
Secretary of State

DOCUMENT# L05000061987

Entity Name: SPARTAN HOLDINGS, LLC

Current Principal Place of Business:

1404 BORDER DRIVE
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

1404 BORDER DRIVE
WINTER PARK, FL 32789 US

New Mailing Address:

PO BOX 1693
CLEVELAND, GA 30528 US

FEI Number: 20-3077251 **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:

JOSEPH E. SEAGLE, P.A.
501 E SOUTH ST
STE B
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: JOSEPH E. SEAGLE

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CARPIONE, ANDREW
Address: 1404 BORDER DRIVE
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGR ( ) Delete
Name: SERRAO, LAURIE
Address: 1404 BORDER DRIVE
City-St-Zip: WINTER PARK, FL 32789 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CARPIONE, ANDREW J
Address: 1404 BORDER DRIVE
City-St-Zip: WINTER PARK, FL 32789 US

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: J. ANDREW CARPIONE MGRM 11/05/2007

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