


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90038 036 ****50.00

DOCUMENT # L05000096600 1. Entity Name SPARKLE-BRITE DISASTER TEAM, L.L.C.					
Principal Place of Business 201 GRACE BLVD ALTAMONTE SPRINGS, FL 32714			Mailing Address 201 GRACE BLVD ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3546506	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VONDERBOUGH, ALAN D 201 GRACE BLVD ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name VANDERBOEGH, ALAN D Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VONDERBOUGH, ALAN D 201 GRACE BLVD ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MISURACA, DENNIS 2550 NARCUSSUS AVENUE SANFORD, FL 32771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VANDERBOEGH, ALAN D 201 GRACE BLVD ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VANDERBOEGH, ALAN D 201 GRACE BLVD ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VANDERBOEGH, ALAN D 201 GRACE BLVD ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VANDERBOEGH, ALAN D 201 GRACE BLVD ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VANDERBOEGH, ALAN D 201 GRACE BLVD ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Alan D Vanderboegh</i>		4-14-06		407-682-6334	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	