

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000097320

1. Entity Name
FORTIS SPECTRUM, LLC



FILED
Jul 30, 2008 08:00 AM
Secretary of State

Principal Place of Business
10151 DEERFIELD PARK BLVD
BLDG 200, STE 250
JACKSONVILLE, FL 32256 US

Mailing Address
10151 DEERFIELD PARK BLVD
BLDG 200, STE 250
JACKSONVILLE, FL 32256 US



07082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3578167

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAEUPER, JON C
13568 ISLA VISTA DRIVE
JACKSONVILLE, FL 32224

**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 _____

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

(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	MGRM KAEUPER, JON 511 SADDLE RIDGE DRIVE KNOXVILLE, FL 37922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NOVAK, AMY L 13755 OAK TREE TERRACE JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000956649
07/30/08-80001-011 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

7/20/2008

Date

865-388-3945

Daytime Phone #