

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000104956

1. Entity Name

4912 WEST SPRUCE, LLC



Principal Place of Business

4720 W. CYPRESS AVE., 2ND FLOOR
TAMPA FL 33607

Mailing Address

4720 W. CYPRESS AVE., 2ND FLOOR
TAMPA FL 33607



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3986313

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, BARBARA W
4720 W. CYPRESS ST
STE. 200
TAMPA FL 33607

Name

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

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

(NOTE: Registered Agent signature required when remaining)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR ☐ Delete
NAME: PARKER, BARBARA W
STREET ADDRESS: 4720 W. CYPRESS AVE., 2ND FLOOR
CITY-ST-ZIP: TAMPA FL 33607

☐ Change ☐ Addition
U00000633346
02/21/07-80058-024 55.00

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Barbara W. Parker

Barbara W. Parker 2/16/07

813 289-6918

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

Date

Daytime Phone #