

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109296

Entity Name: SPENCE AND VAUGHN,LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

9400 SOUTH US HIGHWAY 17-92
SUITE 1016
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

9400 SOUTH US HIGHWAY 17-92
SUITE 1016
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 20-4118377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCE, JAMES R JR.
9827 PEDDLERS WAY
ORLANDO, FL 32817 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPENCE, JAMES R JR.
Address: 9827 PEDDLERS WAY
City-St-Zip: ORLANDO, FL 32817 US

Title: MGRM () Delete
Name: VAUGHN, DARRYL A
Address: 1000 DOUGLAS AVENUE, APT 93
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM () Delete
Name: TEJPAR, AZIZEDDIN
Address: 221 SHELLPOINT WEST
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: VAUGHN, DARRYL A
Address: 85 S CAROLWOOD BLVD
City-St-Zip: FERN PARK, FL 32730 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: DARRYL VAUGHN

MGRM

04/14/2009

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