

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000031286

1. Entity Name
IN-STORE SPOTS, LLC



Principal Place of Business
371 EAGLE DR.
JUPITER, FL 33477 US

Mailing Address
371 EAGLE DR.
JUPITER, FL 33477 US



04152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

72-1617735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEIXLER, STEPHEN M
371 EAGLE DR.
JUPITER, FL 33477

**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
After May 1, 2008 Fee will be \$538.75

UN00000906520
05/05/08-80001-019 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------|
| TITLE | MGR |
| NAME | DEIXLER, STEPHEN |
| STREET ADDRESS | 371 EAGLE DR |
| CITY-ST-ZIP | JUPITER, FL 33477 |
| TITLE | MGR |
| NAME | ILARDI, FRED |
| STREET ADDRESS | 909 WEST MARTINTOWN RD |
| CITY-ST-ZIP | NORTH AGUSTA, SC 29804 |
| TITLE | MGR |
| NAME | PELLIZZARI, JOHN |
| STREET ADDRESS | 50 SOUTHFIELD DR. |
| CITY-ST-ZIP | BELL MEAD, NJ 08502 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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

STEPHEN M DEIXLER 4-15-08

Date

Call - 561-744-7876
OFFICE
561-744-7434

Daytime Phone #