

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90113 001 \*3,468.75

**DOCUMENT # L06000038646**

1. Entity Name  
**SPECTRUS GROUP LLC**



Principal Place of Business  
**12426 W. EXPLORER DR., SUITE 220  
BOISE, ID 83713**

Mailing Address  
**12426 W. EXPLORER DR., SUITE 220  
BOISE, ID 83713**

**DO NOT WRITE IN THIS SPACE**



04182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SWENSON, DOUGLAS L  
12426 W. EXPLORER DR., SUITE 220  
BOISE, ID 83713**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BRINGHURST, GARY  
12426 W. EXPLORER DR., SUITE 220  
BOISE, ID 83713**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
REEVE, THOMAS V  
12426 W. EXPLORER DR., SUITE 220  
BOISE, ID 83713**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BROOME, LEE  
12426 W. EXPLORER DR., SUITE 220  
BOISE, ID 83713**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JOHNSON, PETE  
12426 W. EXPLORER DR., SUITE 220  
BOISE, ID 83713**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MANSELL, AL  
12426 W. EXPLORER DR., STE. 220  
BOISE, ID 83713**

**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:** \_\_\_\_\_

**Jeremy Swenson**

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

**4-23-08**

Date

**208-489-2533**

Daytime Phone #