

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000048684

1. Entity Name
PATTI SPERLING, ARNP LLC



Principal Place of Business
603 ROBERT'S BAY DR.
NOKOMIS, FL 34275

Mailing Address
603 ROBERT'S BAY DR.
NOKOMIS, FL 34275

FILED

07 SEP 17 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

603 ROBERTS BAY DR

3. Mailing Address

603 ROBERTS BAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NOKOMIS FL

City & State

NOKOMIS FL

Zip

34275-2758

Country

US

Zip

34275-2758

Country

US

07032007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

57-1236053

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960

7. Name and Address of New Registered Agent

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 reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SPERLING, PATTI
STREET ADDRESS 603 ROBERTS BAY DR.
CITY-ST-ZIP NOKOMIS, FL 34275 ☐ Delete

TITLE MGRM
NAME SPERLING, ARTHUR
STREET ADDRESS 603 ROBERTS BAY DR.
CITY-ST-ZIP NOKOMIS, FL 34275 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400109755424
09/21/07--01044--011 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Arthur Sperling ARTHUR SPERLING

9/16/07

941-484-2727

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

Date

Daytime Phone #