

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000057452

**Entity Name:** SPIRIT SCAFFOLDING, LLC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

616 BARRY STREET  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

616 BARRY STREET  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 20-4987287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PASTERMACK, ROBERT J  
7506 ALOMA AVE  
WINTER PARK, FL 32792 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  
Name: PASTERMACK, ROBERT J  
Address: 4126 LAKE MIRA DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: MGRM  
Name: BOURGEOIS, CLAYTON  
Address: 1045 TURNER RD  
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM  
Name: DELIA, CHRISTOPHER  
Address: 721 MOUNTAIN ASH WAY  
City-St-Zip: DELTONA, FL 32725

I hereby 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: R J PASTERMACK

MGRM

04/30/2011

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