

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90206 002 ****50.00

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1. Entity Name

THE SPINO GROUP, LLC

Principal Place of Business

13415 BONICA WAY
WINDERMERE FL 34786

Mailing Address

13415 BONICA WAY
WINDERMERE FL 34786

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

13415 BONICA WAY

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINDERMERE FL

City & State

4. FEI Number

20-5300895

Applied For

Not Applicable

Zip

34786

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

SPINOGATTI, DAVID
13415 BONICA WAY
WINDERMERE FL 34786

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
SPINOGATTI, DAVID
13415 BONICA WAY
WINDERMERE FL 34786 ☐ Delete

TITLE
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CITY ST ZIP
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
NONE ☐ Change ☐ Addition

TITLE
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CITY ST ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

David Spino

DAVID SPINOGATTI

3/15/07

321 303 3561

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

Date

Daytime Phone #