

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 JUN 30 AM 9:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L07000011760

1. Entity Name
SPARTA ROAD DEVELOPMENT, LLC



Principal Place of Business
203 U.S. HIGHWAY 27 SOUTH
SEBRING, FL 33870 US

Mailing Address
203 U.S. HIGHWAY 27 SOUTH
SEBRING, FL 33870 US

2. Principal Place of Business - No P.O. Box #
4015 Stiles Lane

3. Mailing Address
4015 Stiles Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sebring, FL

City & State
Sebring, FL

Zip
33875

Country
USA

Zip
33875

Country
USA

6. Name and Address of Current Registered Agent

LASMAN, JEFFREY M ESQ.
6152 DELANCEY STATION STREET
SUITE 205
RIVERVIEW, FL 33569

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 withdrawing)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WALDRON, DAVID KEATLEY
STREET ADDRESS 203 U.S. HIGHWAY 27 SOUTH
CITY- ST- ZIP SEBRING, FL 33870

TITLE MGRM
NAME WALDRON, KIMBERLEE ANN
STREET ADDRESS 203 U.S. HIGHWAY 27 SOUTH
CITY- ST- ZIP SEBRING, FL 33870

TITLE
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Waldron, David Keatley
STREET ADDRESS 4015 Stiles Lane, Sebring FL 33875

TITLE MGRM
NAME Waldron, Kimberlee Ann
STREET ADDRESS 4015 Stiles Lane, Sebring, FL 33875

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

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:

Kim Waldron

Kimberlee Ann Waldron

4-21-09

(863) 382-4445

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

Date

Daytime Phone #

REINSTATEMENT

08, 09