

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 22, 2008 8:00 am
Secretary of State

03-24-2008 90238 020 ***138.75

DOCUMENT # L07000050917 1. Entity Name SPIRIT OF LIGHT PUBLISHING, LLC					
Principal Place of Business 197 NORTH ECONLOCKHATCHEE TRAIL ORLANDO, FL 32823-5			Mailing Address 197 NORTH ECONLOCKHATCHEE TRAIL ORLANDO, FL 32823-5		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 32825		Country 		Zip 32825	
Country 		Country 		4. FEI Number 26-0379696	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KERNEY, THOMAS F 1420 EAST CONCORD STREET ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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: If registered Agent signature required when re-registering)					
DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
	President Dale Nichols	197 N. Econlockhatchee Tr.	Orlando, FL 32825		
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	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
10. ADDITIONS/CHANGES					
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ 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: 3-20-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					