

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074294

FILED
Mar 28, 2008
Secretary of State

Entity Name: SPARTA TRANSPORTATION, L.L.C.

Current Principal Place of Business:

1650 PRESIDENTIAL WAY
A504
W. PALM BEACH, FL 33401

New Principal Place of Business:

38 PINWHEEL LN
PALM COAST, FL 32164

Current Mailing Address:

1650 PRESIDENTIAL WAY
A504
W. PALM BEACH, FL 33401

New Mailing Address:

38 PINWHEEL LN
PALM COAST, FL 32164

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SORSHER, ALEX
2500-1 N STATE ROAD 7
HOLLYWOOD, FL 33021 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: MGR () Delete
Name: RUBINCHIKOV, OLEG
Address: 1650 PRESIDENTIAL WAY STE A504
City-St-Zip: W. PALM BEACH, FL 33401

Title: MGR () Delete
Name: RUBINCHIKOVA, ELLA
Address: 1650 PRESIDENTIAL WAY STE A504
City-St-Zip: W. PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RUBINCHIKOV, OLEG
Address: 38 PINWHEEL LN
City-St-Zip: PALM COAST, FL 32164

Title: MGR (X) Change () Addition
Name: RUBINCHIKOVA, ELLA
Address: 38 PINWHEEL LN
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: OLEG RUBINCHIKOV

MGR

03/28/2008

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