## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 17, 2008 8:00 am Secretary of State

DOCUMENT # L07000088376  1. Entity Name THE SPINNERS GROUP, LLC							04-17-2008 90165 036 ***138.75	
Principal Place of 4630 S. KIRKMA ORLANDO, FL 3	AN RD AP		Mailing Address 4630 S. KIRKMAN RD APT 139 ORLANDO, FL 32811					
2. Principal Place	e of Busin	ess - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03052008 Chg-LLC CR2E083 (12/06)	
City & State			City & State				4. FEI Number 26-0865 734   Applied For Not Applicable	
Zip		Country	Zip	Coun	itry		5. Certificate of Status Desired \$5.00 Additional Fee Required	
	6. Name	and Address of Current R	egistered Agent				7. Name and Address of New Registered Agent	
CAL 114 C4-	سندري				Name	BE	NSHOSHAN AVIV	
SALIM, BAT 4630 S. KIRA ORLANDO, F	(MAN R	D APT 139					(P.O. Box Number is Not Acceptable)	
011200,1	1 L 3201	1 1			533	( Ž	LOS PALMA VISTA DR	
	City						<b>⊏</b> ∎ 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 above nat	med entity is of regist	y submits this statement for ered agent.	the purpose of changing its	register	ed office or	register	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE AND Signature of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating)  DaTiE								
340	place sypec	or printed having or registered again a	o the reppicable. (1907)	I togistore	o Ageni signan	ore required	CALC STATE OF THE	
FILE NOWILL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						Make check payable to Florida Department of State		
9.	- 1	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/CHANGES	
· · · · · · · · · · · · · · · · · · ·	IGRM		Delete	TITL			N SUOSHAW AUD WChanne Addition	
	SALIM, BA	ATYAG	/ <b>L</b> 50000	NAM			338 LOS PALMA VISTAJR	
		RKMAN RD APT 139			EET ADDRESS	25	336 203 [ 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
CITY-ST-ZIP C	BLAND	O, FL 32811		CITY	r-ST-ZIP	01	RLAWOO FL 32837	
TITLE			Delete	TITL			☐ Change ☐ Addition	
NAME STREET ADDRESS					EET ADDRESS			
CITY-ST-ZIP					-ST-ZIP			
TITLE			☐ Delete	TITL	E		☐ Change ☐ Addition	
NAME				NAN	AE .			
STREET ADDRESS				4	EET ADDRESS			
CITY-ST-ZIP					r-ST-ZIP			
NAME :			Delete	TITL			☐ Change ☐ Addition	
STREET ADDRESS					EET ADDRESS			
CITY-ST-ZIP				CIT	Y-ST-ZIP			
TITLE			☐ Delete	TITL	.E		: Change Addition	
NAME				NAM				
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP			
TITLE			☐ Delete	TITL			☐ Change ☐ Addition	
NAME			_ Dolotti	NAN				
STREET ADDRESS					EET ADDRESS			
CITY-ST-ZIP					Y-ST-ZIP			
11. I hereby cer	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 liabil	lity compa	ny or the receiver or trustee	empowered to execute this	report a	s required	by Char	pter 608, Florida Statutes.	
<u> </u>		Maria					$nl \cdot l \cdot d$	
SIGNATU	JRE: _	AYIY					4 (0 0	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR ALITHORIZED REPRESENTATIVE Date Dayline Phone #								