


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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8/29/2008-90048-030-\$138.75-\$138.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 17 PM 1:36



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DOCUMENT # L07000093056																																																																																																																																			
1. Entity Name PHILLIP SPRATT LLC																																																																																																																																			
Principal Place of Business 315 8TH STREET WEST ST. GEORGE ISLAND FL 32328			Mailing Address 315 8TH STREET WEST ST. GEORGE ISLAND FL 32328																																																																																																																																
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																																																																																																																
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																
City & State			City & State																																																																																																																																
Zip	Country	Zip	Country	4. FEI Number 200432050																																																																																																																															
				Applied For <input type="checkbox"/> Not Applicable																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent BENFIELD, RON 58 SIOUX CIRCLE HAVANA FL 32333				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 _____ (NOTE: Registered Agent signature required when reinstating)																																																																																																																																			
DATE _____																																																																																																																																			
<div style="display: flex; justify-content: space-between;"> <div> <p>FILE NOW!!! FEE IS \$538.75</p> <p>Make Check Payable to Florida Department of State</p> <p>Due By September 3, 2008</p> </div> <div> <p>S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75</p> <p><input checked="" type="checkbox"/></p> </div> </div>																																																																																																																																			
<table border="1" style="width: 100%;"> <tr> <th colspan="3">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3">10. ADDITIONS/CHANGES</th> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SPRATT, PHILLIP</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>315 8TH STREET WEST</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. GEORGE ISLAND FL 32328</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SPRATT, PHILLIP		NAME			STREET ADDRESS	315 8TH STREET WEST		STREET ADDRESS			CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <i>Phillip Spratt</i>				Aug 27 2008 850 927-2442																																																																																																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																																			