


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90060 011 ***138.75

DOCUMENT # L07000093394		
1. Entity Name SPARQ, LLC		

Principal Place of Business 8724 S.R. 70 EAST #112 BRADENTON, FL 34202	Mailing Address 8724 S.R. 70 EAST #112 BRADENTON, FL 34202
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60030940



2. Principal Place of Business - No P.O. Box # 423 S. Matanzas Ave	3. Mailing Address 423 S. Matanzas Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01202008 Chg-LLC CR2E083 (12/06)

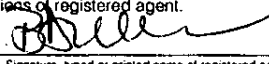
City & State Tampa, FL	City & State Tampa, FL
Zip 33609	Country
Zip 33609	Country

4. FEI Number 26-0887571	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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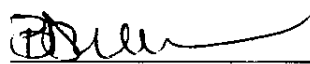
6. Name and Address of Current Registered Agent	
DUKE, BARB A 8617 51ST TERRACE EAST BRADENTON, FL 34211	

7. Name and Address of New Registered Agent	
Name Duke, Barb A	
Street Address (P.O. Box Number is Not Acceptable) 423 S. Matanzas Ave	
City Tampa	FL Zip Code 33609

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 	DATE 4/24/08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUKE, BARB A 8617 51ST TERRACE EAST BRADENTON, FL 34211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Duke, Barb A 423 S. Matanzas Ave Tampa, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE: 4/24/08 DAYTIME PHONE: (713) 516-6071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	