

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90113 023 ***138.75

DOCUMENT # L07000095837

1. Entity Name

SPECTRUM EXPERTS, LLC



Principal Place of Business

13364 BEACH BLVD.
933
JACKSONVILLE FL 32224
US

Mailing Address

13364 BEACH BLVD.
933
JACKSONVILLE FL 32224
US



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

36-4616061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

MROCHKO, TARAS
13364 BEACH BLVD
933
JACKSONVILLE FL 32224

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consenting)

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

MGRM
ZHUKOV, NIKOLAY
13364 BEACH BLVD #933
JACKSONVILLE FL 32224

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
MROCHKO, TARAS
13364 BEACH BLVD #933
JACKSONVILLE FL 32224

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Taras Mrochko (Taras Mrochko)

Mar 24/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #