

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90112 032 ***138.75

DOCUMENT # L07000096301

1. Entity Name
SPENCER'S INTERNATIONAL GROUP, LLC



Principal Place of Business

2741 WEST 76 STREET
2ND FLOOR
HIALEAH, FL 33016

Mailing Address

2741 WEST 76 STREET
2ND FLOOR
HIALEAH, FL 33016

50003469



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

26-1166107

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALTIEL, SORAYA
2741 WEST 76 STREET
2ND FLOOR
HIALEAH, FL 33016

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 reinstating)

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 MGR ☐ Delete
NAME SALTIEL, ARMANDO
STREET ADDRESS 2741 WEST 76 STREET, 2ND FLOOR
CITY-ST-ZIP HIALEAH, FL 33016

TITLE MGR ☐ Delete
NAME SALTIEL, MOISES
STREET ADDRESS 2741 WEST 76 STREET, 2ND FLOOR
CITY-ST-ZIP HIALEAH, FL 33016

TITLE MGR ☐ Delete
NAME SALTIEL, LUIS
STREET ADDRESS 2741 WEST 76 STREET, 2ND FLOOR
CITY-ST-ZIP HIALEAH, FL 33016

TITLE MGR ☐ Delete
NAME SALTIEL, SORAYA
STREET ADDRESS 2741 WEST 76 STREET, 2ND FLOOR
CITY-ST-ZIP HIALEAH, FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Soraya M. Saltiel

4/11/08

(305)821-1260

Date

Daytime Phone #