

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100647

Entity Name: SPT HOLDINGS LLC

FILED
May 07, 2009
Secretary of State

Current Principal Place of Business:

44 SLEEPY HOLLOW TRAIL
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

44 SLEEPY HOLLOW TRAIL
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 26-1180923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TRAULSEN, STEVEN E
44 SLEEPY HOLLOW TRAIL
PALM COAST, FL 32164 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRAULSEN, STEVEN E
Address: 44 SLEEPY HOLLOW TRAIL
City-St-Zip: PALM COAST, FL 32164

Title: MGR () Delete
Name: TRAULSEN, PATRICIA L
Address: 44 SLEEPY HOLLOW TRAIL
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN TRAULSEN

MGR

05/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date