

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005517

FILED
Apr 28, 2009
Secretary of State

Entity Name: UNCLE SPIDER LLC

Current Principal Place of Business:

157 SALEM COURT
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

157 SALEM COURT
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KNIGHT, STEPHEN
157 SALEM COURT
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: KNIGHT, STEPHEN
Address: 2019 SUGARMAPLE COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM () Delete
Name: DWYER, MARC
Address: 111 N. STATE STREET
City-St-Zip: BUNNEL, FL 32110

Title: MGRM () Delete
Name: LUGISSE, ARTHUR
Address: 523 NORMAN
City-St-Zip: TALLAHASSEE, FL

Title: MGRM () Delete
Name: HENRY, KIDANE
Address: 157 SALEM COURT
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

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

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

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: STEPHEN KNIGHT

MGRM

04/28/2009

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