

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041970

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: SPIVEY FAMILY MANAGEMENT, LLC

**Current Principal Place of Business:**

522 HIGHWAY 92  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

522 MAGNOLIA AVE  
AUBURNDALE, FL 33823

**Current Mailing Address:**

P.O. BOX 65  
AUBURNDALE, FL 33823

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

LASMAN, JEFFREY M ESQ.  
C/O LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET, SUITE 205  
RIVERVIEW, FL 33569 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: SPIVEY, JAMES M  
Address: 6400 BELLO ROBLE DRIVE  
City-St-Zip: AUBURNDALE, FL 33823

Title: MGRM ( ) Delete  
Name: SPIVEY, RODNEY S  
Address: 2124 NORTH LAKE ELOISE DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGRM ( ) Delete  
Name: SPIVEY, JAMES C  
Address: 345 MEDORA STREET  
City-St-Zip: AUBURNDALE, FL 33823

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SPIVEY, JAMES M  
Address: 530 HILLSIDE DRIVE  
City-St-Zip: AUBURNDALE, FL 33823

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

Title: MGRM (X) Change ( ) Addition  
Name: SPIVEY, JAMES C  
Address: 330 MEDORA STREET  
City-St-Zip: AUBURNDALE, FL 33823

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: JAMES M. SPIVEY

MGRM

04/21/2009

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