

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078174

Entity Name: SPARKY'S PLACE, LLC

FILED
Jan 18, 2009
Secretary of State

Current Principal Place of Business:

24646 STATE ROAD 40
ASTOR, FL 32102

New Principal Place of Business:

Current Mailing Address:

PO BOX 954
ASTOR, FL 32102

New Mailing Address:

FEI Number: 94-3436921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPARKS, SHAWN B
24646 STATE ROAD 40
ASTOR, FL 32102 US

Name and Address of New Registered Agent:

SPARKS, SHAWN B
54729 CEDAR CREST AVENUE
ASTOR, FL 32102 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:

01/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPARKS, SHAWN B
Address: 24646 STATE ROAD 40
City-St-Zip: ASTOR, FL 32102

Title: MGR () Delete
Name: SPARKS, ROBERT D
Address: 24646 STATE ROAD 40
City-St-Zip: ASTOR, FL 32102

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: SHAWN B. SPARKS

MGR

01/18/2009

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