

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000078174

Entity Name: SPARKY'S PLACE, LLC

**FILED**  
**Jan 17, 2011**  
**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  
54729 CEDAR CREST AVENUE  
ASTOR, FL 32102 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: MGR  
Name: SPARKS, SHAWN B  
Address: 24646 STATE ROAD 40  
City-St-Zip: ASTOR, FL 32102

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

I hereby 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

01/17/2011

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