

W80000116073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

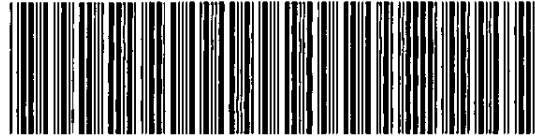
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

AUG 21 2009

EXAMINER

W8-116073

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Spatial Network Apps, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barry Powers

Name of Person

Spatial Networks, Inc.

Firm/Company

18167 US HWY 19N, Suite 240

Address

Clearwater, FL 33764

City/State and Zip Code

barry@spatialnetworks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry Powers

Name of Person

at (813)

763-8649

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Spatial Network Apps, LLC

Page 1 of 2

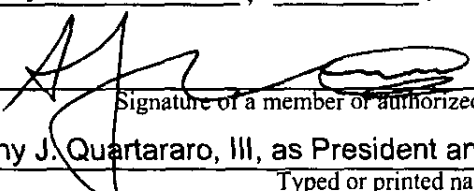
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Spatial Networks, Inc.	18167 US HWY 19N, Suite 240 Clearwater, Florida 33764	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Anthony J. Quartararo, III	18167 US HWY 19N, Suite 240 Clearwater, Florida 33764	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated July 7, 2009


Signature of a member or authorized representative of a member
Anthony J. Quartararo, III, as President and Sole Shareholder of Sole Member
Typed or printed name of signee

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