

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000084633

Entity Name: THE SPILLER FIRM, P.L.

**FILED**  
**Jun 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

400 E. BAY STREET  
502  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2295  
JACKSONVILLE, FL 32203

**New Mailing Address:**

FEI Number: 27-3260653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPILLER, JUSTIN E  
400 E BAY ST.  
502  
JACKSONVILLE, FL 32202 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  
Name: SPILLER, JUSTIN E  
Address: 400 E BAY ST, UNIT 502  
City-St-Zip: JACKSONVILLE, FL 32202

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: JUSTIN SPILLER

MGRM

06/21/2011

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