

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000102118

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: SPARTA FRANCHISING, LLC

**Current Principal Place of Business:**

10801 STARKEY ROAD  
SUITE 11  
LARGO, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

10801 STARKEY ROAD  
SUITE 11  
LARGO, FL 33777

**New Mailing Address:**

FEI Number: 45-3185390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOWLES, JOSH F  
10801 STARKEY ROAD  
SUITE 11  
LARGO, FL 33777 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: BOWLES, JOSH F  
Address: 10801 STARKEY ROAD, SUITE 11  
City-St-Zip: LARGO, FL 33777 US

Title: MGRM  
Name: BROWN, GEOFF  
Address: 402 SOUTH WILLOW AVENUE  
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM  
Name: GLASS, JOSEPH G  
Address: 3917 LUFKIN STREET  
City-St-Zip: METAIRIE, LA 70001 US

Title: MGRM  
Name: WEINSTOCK, ANDREW D  
Address: 445 BETZ PLACE  
City-St-Zip: METAIRIE, LA 70005 US

Title: MGRM  
Name: WEINSTOCK, CRAIG L  
Address: 5211 HOLLY STREET  
City-St-Zip: BELLAIRE, TX 77401 US

Title: MGRM  
Name: DAVIES, DANIEL  
Address: 126 EAST BAYBERRY ROAD  
City-St-Zip: ISLIP, NY 11750 US

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: JOSH BOWLES

MGRM

04/30/2012

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