2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000001287

1. Entity Name
SPRAKER, FITZGERALD, TAMAYO & MOISAND, L.L.C.

FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
601 S. LAKE DESTINY RD., #165 MAITLAND, FL 32751-7482	601 S. LAKE DESTINY RD., #165 MAITLAND, FL 32751-7482

07022008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3528844

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, CHARLES E
601 S. LAKE DESTINY RD., SUITE 165
MAITLAND, FL 32751

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SPRAKER, SUSAN S
STREET ADDRESS	161 WHITE OAK CIRCLE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	MGRM
NAME	FITZGERALD, CHARLES E III
STREET ADDRESS	8348 AMBER OAK DRIVE
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	MGRM
NAME	TAMAYO, RONALD
STREET ADDRESS	132 CHERRY CREEK CIRCLE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	MGRM
NAME	MOISAND, DANIEL B
STREET ADDRESS	569 PARKWOOD WAY
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000354210
07/11/08-80005-004 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 7-8-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #