

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90115 032 ****50.00

DOCUMENT # L99000005259

1. Entity Name
SPDC SUPPLY COMPANY, L.L.C.



Principal Place of Business

1921 WALDMERE STREET
SUITE 107
SARASOTA, FL 34239

Mailing Address

1921 WALDMERE STREET
SUITE 107
SARASOTA, FL 34239

20007487



DO NOT WRITE IN THIS SPACE

01132005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
36-4316045

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAGIERA, CANDACE A
1921 WALDEMERE ST
SUITE 107
SARASOTA, FL 34239

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME COVER, DOMENICK E MD
STREET ADDRESS 1921 WALDMERE STREET STE 107
CITY-ST-ZIP SARASOTA, FL 34239

TITLE MGRM
NAME GHOSE, RANJAN
STREET ADDRESS 1921 WALDMERE STREET STE 107
CITY-ST-ZIP SARASOTA, FL 34239

TITLE MGRM
NAME ZENDEL, STEPHEN MD
STREET ADDRESS 1921 WALDMERE STREET STE 107
CITY-ST-ZIP SARASOTA, FL 34239

TITLE MGRM
NAME WEBER, HERMAN MD
STREET ADDRESS 1921 WALDMERE STREET STE 107
CITY-ST-ZIP SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/26/05 (941) 917-6447