

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



01102008No Chg-LLC

CR2E083 (12/07)

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

WEBER, HERMAN  
1921 WALDEMERE ST  
SUITE 107  
SARASOTA, FL 34239

**DO NOT WRITE  
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 reconstituting)

DATE

1-31-08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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	FINEMAN, STEVEN
STREET ADDRESS	1921 WALDEMERE ST #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	

U00000844584  
03/13/08-80004-025 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #

1-31-08 941-917-16447