

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001914

Entity Name: SPEISER SALES, LLC

FILED  
Apr 10, 2009  
Secretary of State

## Current Principal Place of Business:

401 NW 103 AVENUE, APT. 465  
PEMBROKE PINES, FL 330266016

## Current Mailing Address:

401 NW 103 AVENUE, APT. 465  
PEMBROKE PINES, FL 330266016

## New Principal Place of Business:

401 NW 103 AVENUE, APT. 465  
APT. 465  
PEMBROKE PINES, FL 330266016

## New Mailing Address:

401 NW 103 AVENUE, APT. 465  
APT. 465  
PEMBROKE PINES, FL 330266016

FEI Number: 41-2274847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

SPEISER, JANE E  
401 NW 103 AVE  
APT. 465  
PEMBROKE PINES, FL 33026 US

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: JANE E SPEISER

04/10/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SPEISER, JANE  
Address: 401 NW 103 AVENUE, APT. 465  
City-St-Zip: PEMBROKE PINES, FL 330266016

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SPEISER, JANE E  
Address: 401 NW 103 AVENUE, APT. 465  
City-St-Zip: PEMBROKE PINES, FL 330266016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JANE E SPEISER

MGR

04/10/2009

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