

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000000016

Entity Name: SPE LO HOLDINGS, LLC

FILED  
Mar 22, 2011  
Secretary of State

**Current Principal Place of Business:**

40 WESTMINSTER STREET  
PROVIDENCE, RI 02903

**New Principal Place of Business:**

**Current Mailing Address:**

40 WESTMINSTER STREET  
PROVIDENCE, RI 02903

**New Mailing Address:**

FEI Number: 52-1933598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR  
Name: HINCKLEY, GERARD  
Address: 40 WESTMINSTER STREET  
City-St-Zip: PROVIDENCE, RI 02903

Title: MGR  
Name: MUCH, ANDREW  
Address: 40 WESTMINSTER STREET  
City-St-Zip: PROVIDENCE, RI 02903

Title: MGR  
Name: JAMES, PETER  
Address: 40 WESTMINSTER STREET  
City-St-Zip: PROVIDENCE, RI 02903

Title: MGR  
Name: GREEN, PAUL  
Address: 40 WESTMINSTER STREET  
City-St-Zip: PROVIDENCE, RI 02903

Title: MGR  
Name: CULLEN, THOMAS  
Address: 40 WESTMINSTER STREET  
City-St-Zip: PROVIDENCE, RI 02903

Title: MGR  
Name: BAKER, STEPHEN  
Address: 40 WESTMINSTER STREET  
City-St-Zip: PROVIDENCE, RI 02903

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: KELLY LETTMANN

\_\_\_\_\_  
POA

\_\_\_\_\_  
03/22/2011

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