


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAR -9 AM 10:25

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	--

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000684**

SPENCE, MORIARITY & SCHUSTER, LLC  
15 SOUTH JACKSON STREET  
JACKSON WY 83001

1a. Principal Place of Business Address

15 SOUTH JACKSON STREET  
JACKSON WY 83001

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10/14/1997

WY

City & State

City & State

4. FEI Number

☐ Applied For

☐ Not Applicable

83-0230654

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

03/09/1998

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

000002801286

03/10/99-01081-004

\*\*\*188.75 \*\*\*188.75

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when first filing)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

SHOCKEY, GARY L

15 SOUTH JACKSON STREET

JACKSON WY

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE (PRINTED NAME) OF REGISTERED MANAGING MEMBER OR MANAGER

Date

Expiry Date