

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90238 048 ****50.00

DOCUMENT # M99000000484

1. Entity Name

SPECTRUM FLORIDA, LLC



Principal Place of Business

**1440 N. NOVA ROAD, SUITE 308
HOLLY HILL FL 32117**

Mailing Address

**28969 INFORMATION LANE
EASTON MD 21601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

52-2156185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DEO
DURKIN, TIMOTHY A
28969 INFORMATION LN
EASTON MD 21601** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Donald E Wicks
1999 Broadway Suite 3200
Denver, CO 80202** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
ARMSTRONG, JEFFREY JOSEPH
1440 N. NOVA ROAD, SUITE 308
HOLLY HILL FL 32117** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Vice President
John R. Banta
1440 N. Nova Rd Suite 308
Holly Hill, FL 32117** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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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:

Donald E Wicks

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

4-28-04

Date

410-722-6033

Daytime Phone #