

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000105264

**Entity Name:** HIRSPAD, LLC

**Current Principal Place of Business:**

2805 POLVADERO LN  
UNIT 108  
ORLANDO, FL 32835

**Current Mailing Address:**

2805 POLVADERO LN  
UNIT 108  
ORLANDO, FL 32835 US

**FEI Number:** 20-5799467

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING E CONSULTING SERV. LLC  
8810 COMMODITY CIRCLE  
SUITE 17  
ORLANDO, FL 32819 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SPADONI HIRSH, FRANCISCO S  
Address 2805 POLVADERO LN UNIT 108  
City-State-Zip: ORLANDO FL 32835

Title MGRM  
Name SPADONI HIRSH, ANNA BEATRIZ S  
Address 2805 POLVADERO LN UNIT 108  
City-State-Zip: ORLANDO FL 32835

Title MGRM  
Name SPADONI HIRSH, ANNA CAROLINA S  
Address 2805 POLVADERO LN UNIT 108  
City-State-Zip: ORLANDO FL 32835

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SPADONI HIRSH , FRANCISCO S

MGRM

04/03/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date