

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000140751

**Entity Name:** SPATHE SYSTEMS LLC

**Current Principal Place of Business:**

1120 E KENNEDY BLVD  
1021  
TAMPA, FL 33602

**Current Mailing Address:**

1120 E KENNEDY BLVD  
1021  
TAMPA, FL 33602

**FEI Number:** 47-1787825

**Certificate of Status Desired:** No

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

HERBST, AARON C  
1120 E KENNEDY BLVD  
1021  
TAMPA, FL 33602 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 AR  
Name HERBST, AARON  
Address 1120 E KENNEDY BLVD  
City-State-Zip: TAMPA FL 33602

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AARON HERBST

AR

02/03/2016

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

\_\_\_\_\_  
Date