



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000559543		2. Exact name of the limited liability company SPOT LLC OF COLORADO	
3. State of Formation CO		4. Brief description of the character of business conducted in Rhode Island SATELLITE MESSAGING SERVICES	
5. Principal office address 300 HOLIDAY SQUARE BOULEVARD		City COVINGTON	State LA
		Zip 70433	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PETER CORREIA		Contact Title TAX DIRECTOR	
Street Address 300 HOLIDAY SQUARE BOULEVARD		City COVINGTON	State LA
		Zip 70433	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City		City	State
			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City		City	State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

OCT 23 2014
BY 074867

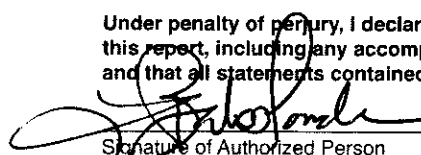
File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.



Signature of Authorized Person

Date

L. BARBEE PONDER
Print or Type Name of Authorized Person

7-25-2014