


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L05000035313</b><br>1. Entity Name<br><b>JOHN VEGERANO LLC</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>18 MAHOE DR. S<br/>PALM COAST FL 32137<br/>US</b> | Mailing Address<br><b>18 MAHOE DR. S<br/>PALM COAST FL 32137<br/>US</b> |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E083 (10/06)

|                             |                             |
|-----------------------------|-----------------------------|
| City & State<br>Zip Country | City & State<br>Zip Country |
|-----------------------------|-----------------------------|

|   |  |
|---|--|
| 4. FEI Number<br><b>84-1676737</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>VEGERANO, JOHN<br/>18 MAHOE DR. S<br/>PALM COAST FL 32137</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|--|--|

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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                     |   | 10. ADDITIONS/CHANGES                            |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>MGRM</b> <input type="checkbox"/> Delete<br><b>VEGERANO, JOHN</b><br><b>18 MAHOE DR. S</b><br><b>PALM COAST FL 32137</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>UD00000670873<br>03/28/07-80006-009 50.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** John Vegerano **3-15-07** **386-986-9686**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #