2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 11, 2008 8:00 am
Secretary of State
02-19-2008 90064 038 ***138.75

DOCUMENT # L07000096556

1. Entity Name
VANSANDT BULL, LLC

Principal Place of Business
2509 BLANDING BLVD.
JACKSONVILLE, FL 32210

Mailing Address
2509 BLANDING BLVD.
JACKSONVILLE, FL 32210

02072008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		2431 Blanding Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville FL.	
Zip	Country	Zip 32210	Country USA Duval County

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VANSANDT, RICHARD L JR.
2509 BLANDING BLVD.
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

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 $138.75
After May 1, 2008 Fee will be $838.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Richard L. Vansandt Jr. 2431 Blanding Blvd Jacksonville FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: [signature] Feb 7-08 904-389-3540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #