

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000010075

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** VESTIS, LLC

**Current Principal Place of Business:**

2164 15TH CIRCLE NORTH  
ST. PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

2164 15TH CIRCLE NORTH  
ST. PETERSBURG, FL 33713

**New Mailing Address:**

**FEI Number:** 27-2670490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAHDERT, GEORGE K  
535 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** DEPUUGH FAMILY LIMITED PARTNERSHIP  
**Address:** 2164 15TH CIRCLE NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33713

**Title:** MGR  
**Name:** RAHDERT, GEORGE  
**Address:** 535 CENTRAL AVENUE  
**City-St-Zip:** ST. PETERSBURG, FL 33701

**Title:** MGR  
**Name:** HBC CONSULTING LLC  
**Address:** P. O. BOX 1451  
**City-St-Zip:** SARASOTA, FL 34230

**Title:** MGR  
**Name:** BERNET, EVELYN  
**Address:** 5123 87TH COURT EAST  
**City-St-Zip:** BRADENTON, FL 34211

**Title:** MGR  
**Name:** THIEMAN, MICHAEL  
**Address:** 10421 COLLINGHAM DRIVE  
**City-St-Zip:** FAIRFAX, VA 22032

I hereby certify that the information indicated on this 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.

**SIGNATURE:** R. V. DEPUUGH

MGRM

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date