2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2015
Secretary of State
CC0418778240

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Entity Name: VECTOR DIRECTIONAL BORING, LLC

Current Principal Place of Business:

1509 SHADOW RIDGE CIRCLE
SARASOTA, FL 34240

Current Mailing Address:

1509 SHADOW RIDGE CIRCLE
SARASOTA, FL 34240

FEI Number: 46-5706477

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLEMAN, JOHN A
1509 SHADOW RIDGE CIRCLE
SARASOTA, FL 34240 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	AMBR
Name	COLEMAN, JOHN A
Address	1509 SHADOW RIDGE CIRCLE
City-State-Zip:	SARASOTA FL 34240

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: JOHN A. COLEMAN AMBR 04/16/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date