

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 01, 2008 08:00 AM
Secretary of State**

DOCUMENT # L00000001097

1. Entity Name
FLTVT, L.L.C.



Principal Place of Business

8500 SHAWNEE MISSION PARKWAY, SUITE 200
SHAWNEE MISSION, KS 66201

Mailing Address

8500 SHAWNEE MISSION PARKWAY, SUITE 200
SHAWNEE MISSION, KS 66201



04232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

48-1225754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME VAN TUYL, CECIL
STREET ADDRESS 8500 SHAWNEE MISSION PKWY STE 200
CITY-ST-ZIP SHAWNEE MISSION, KS 66201

TITLE STD
NAME HOLCOMB, ROBERT J
STREET ADDRESS 8500 SHAWNEE MISSION PKWY STE 200
CITY-ST-ZIP SHAWNEE MISSION, KS 66201

TITLE MGR
NAME MAUS, DAVID
STREET ADDRESS 669 SHADOW MOSS CIRCLE
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000937175
05/27/08-80039-012 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

Robert J Holcomb

4/23/08

913-895-0200