

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000001097

Entity Name: FLTVT, L.L.C.

**FILED**  
**May 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 48-1225754      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VAN TUYL, CECIL  
Address: 8500 SHAWNEE MISSION PKWY STE 200  
City-St-Zip: SHAWNEE MISSION, KS 66201

Title: STD  
Name: HOLCOMB, ROBERT J  
Address: 8500 SHAWNEE MISSION PKWY STE 200  
City-St-Zip: SHAWNEE MISSION, KS 66201

Title: MGR  
Name: MAUS, DAVID  
Address: 669 SHADOW MOSS CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

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: CECIL VAN TUYL

MGR

05/12/2010

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