

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000001097

Entity Name: FLTVT, L.L.C.

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

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

## **New Principal Place of Business:**

1550 E MISSOURI STE 300  
PHOENIX, AZ 85014

## **Current Mailing Address:**

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

## **New Mailing Address:**

PO BOX 16460  
PHOENIX, AZ 85011

FEI Number: 48-1225754

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR  
Name: VAN TUYL, LARRY  
Address: 1550 E MISSOURI STE 300  
City-St-Zip: PHOENIX, AZ 85014 US

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

Title: STD  
Name: HOLCOMB, ROBERT J  
Address: 8500 SHAWNEE MISSION PKWY STE 200  
City-St-Zip: SHAWNEE MISSION, KS 66202 US

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: LARRY VAN TUYL

MGR

06/14/2011

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