2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000011867

1. Entity Name
VASS HOLDINGS II, LLC

Principal Place of Business	Mailing Address
654 AVE E NW WINTER HAVEN, FL 33881	PO BOX 1707 WINTER HAVEN, FL 33882

DO NOT WRITE IN THIS SPACE

04272004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3719423

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TATE, MARK T ESQ.
501 E. KENNEDY BLVD., STE. 1400
TAMPA, FL 33602

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000140342
04/29/04-80157-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	LEUASSEUR, HOWARD J
STREET ADDRESS	999 OLEANDER DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	ST
NAME	RIGGS, MARILYN
STREET ADDRESS	137 HAMPDEN ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Howard C. Leuasseur Marilyn C. Riggs 4/27/04 863-295-7669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #