

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016351

Entity Name: VBD, LLC

FILED
Mar 28, 2007
Secretary of State

Current Principal Place of Business:

305 N. TAMiami TRAIL
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 129
RUSKIN, FL 33570

New Mailing Address:

FEI Number: 59-3697565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIPTON, JOHN
6210 GLEN ABBEY LN
BRADENTON, FL 34202 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: MGRM () Delete
Name: DICKMAN, GLENN K
Address: 1 DICKMAN ISLAND
City-St-Zip: RUSKIN, FL 33570

Title: MGR () Delete
Name: DICKMAN, PAUL R
Address: 2 DICKMAN ISLAND
City-St-Zip: RUSKIN, FL 33570

Title: MGR () Delete
Name: TIPTON, JOHN A
Address: 6210 GLEN ABBEY LN
City-St-Zip: BRADENTON, FL 34202

Title: MGR () Delete
Name: DICKMAN, EDWARD L
Address: 102 12TH STREET S.W.
City-St-Zip: RUSKIN, FL 33570

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN TIPTON

MR

03/28/2007

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