

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 01, 2007 8:00 am
Secretary of State

S/1

05-01-2007 90322 013 ****50.00

DOCUMENT # L01000001644

1. Entity Name
VECTOR, LLC.



Principal Place of Business

**720 GOODLETTE ROAD
SUITE 305
NAPLES, FL 34102**

Mailing Address

**720 GOODLETTE ROAD
SUITE 305
NAPLES, FL 34102**

30009387



01292007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
02-0569618

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BASIK, KEITH
720 GOODLETTE ROAD
SUITE 305
NAPLES, FL 34102**

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BASIK, LARRY
720 GOODLETTE RD. NORTH, STE. 305
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BASIK, JEFF
720 GOODLETTE RD, SUITE 305
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BASIK, KEITH
720 GOODLETTE RD, SUITE 305
NAPLES, FL 34102**

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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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #