

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000009796

1. Entity Name
VENOUSACCESS.COM, L.L.C.



Principal Place of Business
8327 S.W. 17TH LANE
GAINESVILLE, FL 32607

Mailing Address
8327 S.W. 17TH LANE
GAINESVILLE, FL 32607



07112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3726908

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARIDI, JAMES G
8327 S.W. 17TH LANE
GAINESVILLE, FL 32607

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CARIDI, JAMES G
STREET ADDRESS	8327 S.W. 17TH LANE
CITY - ST - ZIP	GAINESVILLE, FL
TITLE	MGRM
NAME	KLIOZE, SCOTT D
STREET ADDRESS	1311 N.W. 98TH TERRACE
CITY - ST - ZIP	GAINESVILLE, FL
TITLE	MGRM
NAME	ROSS, JOHN R
STREET ADDRESS	201 MCGEE STREET
CITY - ST - ZIP	BAMBERG, SC
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000373448
07/18/05-80016-002 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

7/15/05 952.265.0116