2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014419

1. Entity Name

VP TECHNOLOGIES, L.L.C.



Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90613 045 ****60.00

11 12011										
Principal Place of Business 2444 NE 1ST BLVD STE 800 GAINESVILLE FL 32609		Mailing Address 2444 NE 1ST BLVD STE 800 GAINESVILLE FL 32609			- 	1811 SEL SELEC (1881) SELIC SE	11. 10 121 41 121 (1 1 111	Bibli bibbi i	1878 1861 1881	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Nun	4. FEI Number APPLIED FOR Applied Fo			oplied For	}
Zip Country		Zip	Zip Count		5. Certificate of Status Desired \$5.00 Addition. Fee Required					
	6. Name and Address of Current	Registered Agent				nd Address of New F		ent		1
SEN, ARUP				Name Eliz	abeth.	- C. Price	. با ي			
244	4 NE 1ST BLVD 8 800	*				ber is Not Acceptable				
GAINESVILLE FL 32609		1			STE 800					
				City	IESVILL	 E	FL	Zip Cod	e ₀ 9	1
	named entity submits this statement for tions of registered agent.	the purpose of changing its	s registere				orida. I am fan	niliar with,	and accept	1
SIGNATURE			·			<u> </u>				
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	TE: Registered	d Agent signature required	when reinstating)		DATE			ł
		Make Check Payab	ie to Flo	FEE IS \$50.00 orida Departme ay 1, 2003	nt of State					
9.	MANAGING MEMBEI		10.	ay 1, 2000		ADDITIONS	/CHANGES			1
TITLE	MANAGING MEMBERS/MANAGERS MGRM		TITLE	:		ADDITIONS,		Change	☐ Addition	ନ୍ଧ
NAME SEN, ARUP		NAM					_	_		<u>5</u>
STREET ADDRESS 2444 NE 1ST BLVD STE 800				ET ADDRESS						88
CITY-ST-ZIP	GAINESVILLE FL 32609			-ST-ZIP						CR2E083 (10/02)
NAME STREET ADDRESS CITY-ST-ZIP	S MITCHLER, WENDY ESQ 2444 NE 1ST BLVD STE 800 GAINESVILLE FL 32609	□ Delete					L	☐ Change	☐ Addition	5
TITLE	President	□ Delete	TITLE		· -			Change	Addition	1
NAME	Flizabeth C. Pr	rice	NAME				. يخصينه وم	-	÷ .	ļ
STREET ADDRESS CITY-ST-ZIP	2444 NE 15+ Blvd.,	suite 800		ET ADDRESS - ST-ZIP						
TITLE	Elizabeth C. Pr 2444 NE 1st Blvd., Gainesville, Fr 3	2609 Delete	TITLE				···	Change	Addition	
NAME	·	□ Delete	NAME				Ļ.	_ Onlange	Notified	1
STREET ADDRESS			STREE	ET ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP					<u></u>	
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NAME STREET ANORESS			NAME	l						
STREET ADDRESS CITY-ST-ZIP			- 6	ET ADDRESS ST-ZIP						
	ertify that the information supplied with	his filing does not qualify to		<u></u>	ction 110 07/3	Vi) Elorido Statutos I	further certify	that the in	formation	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #