

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90104 024 ****50.00

DOCUMENT # L01000018321

1. Entity Name
CARSON VEGA, LLC



Principal Place of Business
**4622 NORTH LANDMARK DR.
ORLANDO, FL 32817**

Mailing Address
**4622 NORTH LANDMARK DR.
ORLANDO, FL 32817**

20015527



02172005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3756701

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOGSDON, PAMELA A
4622 NORTH LANDMARK DR.
ORLANDO, FL 32817**

**DO NOT WRITE
IN THIS SPACE**

B. 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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CALLOWAY, JACK
4622 N LANDMARK DR
ORLANDO, FL 32817**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LOGSDON, PAMELA
4622 N LANDMARK DR
ORLANDO, FL 32817**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 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:

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

Date

Daytime Phone #

Pamela Logsdon

2-21-05

407-657-0941