

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90389 050 ****50.00

DOCUMENT # **L01000020813**

1. Entity Name

Vent - Defense, LLC

DO NOT WRITE IN THIS SPACE

955851

2. Principal Place of Business

315 E. Ash St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 719

Suite, Apt. #, etc.

City & State

Perry, FL

City & State

Perry, FL

4. FEI Number

Applied for

Applied For

Not Applicable

Zip

32347

Country

USA

Zip

32348

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert A. Pierce

Street Address (P.O. Box Number is Not Acceptable)

227 S. Calhoun St.

City

Tallahassee

FL

Zip Code

32301

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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD Khalil Afsh 305 Bishop Blvd. Perry, FL 32347	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Dwane Johnson 20820 Marina Rd. Perry, FL 32348	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Keith Johnson 20820 Marina Rd. Perry, FL 32348	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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**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)(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:

Khalil Afsh

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

4/27/02

(850) 877-3149

Date

Daytime Phone #

CR2E083B (12/01)