## 2005 LIMITED LIABILITY COMPANY

•

SIGNATURE:

## Mar 28, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L01000021382** 1. Entity Name 03-28-2005 90289 032 \*\*\*\*50 00 VKN TRADING LTD. CO. Principal Place of Business Mailing Address 238 SAINT EUSEBIA ST 238 SAINT EUSEBIA ST PENSACOLA, FL 32503 PENSACOLA, FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number <del>-59-3675403 -</del> Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent NGUYEN, NHAN Street Address (P.O. Box Number is Not Acceptable) 1331913 - B THOMASVILLE BLDG #41 TAMPA, FL 33617 The above named entity submits the obligations of registered agent. 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 familia 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 Make check payable to Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR Delete TITLE ☐ Change ■ Addition TITLE NGUUEN, RIEM VIET NAME MASSE 238 SAÎNT EUSEBIA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL ( CITY-ST-ZIP MGRM HA THANH NOWYEW TITLE TITLE ☐ Change ☐ Addition NAME NAME 238 ST EUSEBIA ST STREET ADDRESS STREET ADDRESS PENSACIA, FL 32503 CITY-ST-ZIP CITY-ST-ZP TITLE Defete TITI F Change Addition MGRM Y THI NOUMEN ST NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition τιπε ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Daytime Phone #