

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000000107

1. Entity Name
VERMILLION TONEY LLC



Principal Place of Business
**1203 SE 9TH TERRACE
UNIT 103
CAPE CORAL, FL 33990**

Mailing Address
**P.O. BOX 152504
CAPE CORAL, FL 33915**



01232006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1153792

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TONEY, KELLY D
911 NW 18TH ST
CAPE CORAL, FL 33993**

**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 *Kelly D. Toney Kelly D. Toney*

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

(NOTE: Registered agent signature required when reappointing)

1-23-06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TONEY, KELLY D
911 NW 18 ST.
CAPE CORAL, FL 33993**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VERMILLION, MICHAEL D
911 NW 18 ST
CAPE CORAL, FL 33993**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000401433
02/02/06-80043-012 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Kelly D. Toney Kelly D. Toney* *1-23-06 239-573-5911*

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

Date

Daytime Phone #