

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000107

Entity Name: VERMILLION TONEY LLC

FILED  
Jan 08, 2007  
Secretary of State

**Current Principal Place of Business:**

1203 SE 9TH TERRACE  
UNIT 103  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 152504  
CAPE CORAL, FL 33915

**New Mailing Address:**

FEI Number: 65-1153792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

TONEY, KELLY D  
907 NW 18TH ST  
CAPE CORAL, FL 33993 US

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: KELLY D. TONEY

01/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TONEY, KELLY D  
Address: 911 NW 18 ST.  
City-St-Zip: CAPE CORAL, FL 33933

Title: MGRM ( ) Delete  
Name: VERMILLION, MICHAEL D  
Address: 911 NW 18 ST  
City-St-Zip: CAPE CORAL, FL 33933

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TONEY, KELLY D  
Address: 907 NW 18 ST.  
City-St-Zip: CAPE CORAL, FL 33933

Title: MGRM (X) Change ( ) Addition  
Name: VERMILLION, MICHAEL D  
Address: 907 NW 18 ST  
City-St-Zip: CAPE CORAL, FL 33933

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date