## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

## Mar 06, 2006 8:00 am Secretary of State DOCUMENT # L02000005893 02-20-2006 90144 007 \*\*\*\*50.00 1. Entity Name V.O.H., LLC Principal Place of Business Mailing Address 6849 SOUTH CLAYTON STREET MOUNT DORA FL 32757 6849 SOUTH CLAYTON STREET MOUNT DORA FL 32757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 65-0435962 Not Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HART, VALERIE O Street Address (P.O. Box Number is Not Acceptable) 6849 SOUTH CLAYTON STREET MOUNT DORA FL 32757 City Zip Code 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 (NOTE: Regishered Agent signature required when r FILE NOW III FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE ☐ Change MGRM ☐ Delete UDE ☐ Addition HART, VALERIE O NAME STREET ADDRESS 6849 SOUTH CLAYTON STREET STREET ADDRESS CITY-ST-ZIP MOUNT DORA FL 32757 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete TITLE . \_ Change \_\_\_ Add-tion. NAME KAAC STREET ADDRESS STREET ADDRESS CITY-ST: ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Add:tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nne Delete Addition NAME NAME STREET ADDRESS STREET ANORESS CITY-ST-ZIP CITY - ST- ZIP Delete TITLE IIII ☐ Channe ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-782 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

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FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

V.O.H., LLC 6849 SOUTH CLAYTON STREET MOUNT DORA, FL 32757 US

Subject: V.O.H., LLC

Reference Number:

L02000005893

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD ANNUAL REPORTS SECTION