

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90052 030 ****50.00

00043733



02012007 Chg-LLC CR2E083 (12/06)

4. FEI Number 02-0585459 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L02000007642

1. Entity Name
VCAN GROUP, L.L.C.



Principal Place of Business
4407 VINELAND RD., D-12
ORLANDO, FL 32811

Mailing Address
4407 VINELAND RD., D-12
ORLANDO, FL 32811

2. Principal Place of Business - No P.O. Box #

4303 VINELAND RD

Suite, Apt. #, etc.

F-16

City & State
ORLANDO

Zip
32811

Country
USA

3. Mailing Address

4303 VINELAND RD

Suite, Apt. #, etc.

F-16

City & State
ORLANDO

Zip
32811

Country
USA

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT E ESQ
111 N. ORANGE AVE., STE. 1200
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE D ☐ Delete
NAME BARNES, VINCENT R
STREET ADDRESS 4407 VINELAND RD D-12
CITY-ST-ZIP ORLANDO, FL 32811

TITLE D ☐ Delete
NAME LEHMAN, DAVID H
STREET ADDRESS 4407 VINELAND RD D-12
CITY-ST-ZIP ORLANDO, FL 32811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4303 VINELAND RD F-16
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4303 VINELAND RD F-16
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: David H. Lehman

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

4/26/07 407-423-7898

Date

Daytime Phone # X 12