

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008471

Entity Name: V-F, LLC

FILED  
Jan 08, 2009  
Secretary of State

**Current Principal Place of Business:**

438 W. KALEY STREET  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

438 W. KALEY STREET  
ORLANDO, FL 32806

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

VOORHEES, DONALD D  
636 E. CLUB CIRCLE  
LONGWOOD, FL 32779 US

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

VOORHEES, DONALD D  
439 VILLAGE PLACE  
LONGWOOD, FL 32779 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: DONALD VOORHEES

01/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VOORHEES, DONALD D  
Address: 636 E. CLUB CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: VOORHEES, GREGORY D  
Address: 746 RIVERBEND BLVD.  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VOORHEES, DONALD D  
Address: 439 VILLAGE PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Change ( ) Addition  
Name: VOORHEES, GREGORY D  
Address: 529 SHINNING ARMOR LANE  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify 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: GREGORY VOORHEES

MGRM

01/08/2009

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