

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000020550 1. Entity Name VIP NETWORK, LLC	
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Principal Place of Business 925 A1A HWY 205 SATELLITE BEACH, FL 32937-234 US	Mailing Address 925 A1A HWY 205 SATELLITE BEACH, FL 32937-234 US
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DO NOT WRITE IN THIS SPACE



03082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 39-9153241	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

PROULX - HYMAN, MARY A
925 A1A HWY
205
SATELLITE BEACH, FL 32937

**DO NOT WRITE
IN THIS SPACE**

7. 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 reissuing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000114773
04/15/04-80064-009 55.00

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HYMAN, BILL 925 HWY A1A UNIT 205 SATELLITE BEACH, FL 32937
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 605, Florida Statutes.

SIGNATURE: *Mary Ann Proulx Hyman* *04/08/04 321-777-1531*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #