

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000020954

Entity Name: V.V.T., LLC

FILED
Oct 06, 2005
Secretary of State

Current Principal Place of Business:

5817 S RIDGEWOOD AVE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

5817 S RIDGEWOOD AVE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 43-1969877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE, SUITE B-1
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

BECKER, SUSAN M
765 HORSEMAN DRIVE
PORT ORANGE, FL 32127 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: SUSAN M. BECKER

10/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BECKER, ROBERT T
Address: 765 HORSEMAN DRIVE
City-St-Zip: PORT ORANGE, FL 321274903

Title: MGRM () Delete
Name: BECKER, SUSAN M
Address: 765 HORSEMAN DRIVE
City-St-Zip: PORT ORANGE, FL 321274903

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN M. BECKER

MGRM

10/06/2005

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