FILED
Jul 10, 2003 8:00 am
Secretary of State
05-12-2003 90091 017 ****50.00

5/1

5/12/

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # L02000021184

1. Entity Name
VANB, LLC

55050757

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
390 N. ORANGE AVE., STE. 1300 ORLANDO FL 32801	390 N. ORANGE AVE., STE. 1300 ORLANDO FL 32801

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAROLAN, J.P. III
390 N. ORANGE AVE., STE. 1300
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: _____ DATE
(If changing Registered Agent, signature required in the following)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE Member Managing Member ☐ Delete NAME Alan Wiener STREET ADDRESS 6005 San Marcos Drive CITY-ST-ZIP Fort Lauderdale, FL 33301	☐ Change ☐ Addition
TITLE Treasurer ☒ Delete NAME James E. Davis STREET ADDRESS 07145 Shenandon Drive CITY-ST-ZIP Novi, Michigan 48377	☐ Change ☐ Addition
TITLE ☐ Delete	☐ Change ☐ Addition
TITLE ☐ Delete	☐ Change ☐ Addition
TITLE ☐ Delete	☐ Change ☐ Addition
TITLE ☐ Delete	☐ Change ☐ Addition

CR2E036 (10/02)

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 608, Florida Statutes.

SIGNATURE: [signature] REQUIRED 4.25.03 3187356010
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #