

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000021832

Entity Name: VELOCITY MOTORSPORTS, LLC

**FILED**  
**Jan 05, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

301 DIVISION AVE., UNIT A  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

880 AIRPORT ROAD  
102  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

301 DIVISION AVE., UNIT A  
ORMOND BEACH, FL 32174

**New Mailing Address:**

880 AIRPORT ROAD  
102  
ORMOND BEACH, FL 32174

FEI Number: 80-0050379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VANDEVENDER, MARK A  
301 DIVISION AVE., UNIT A  
ORMOND BEACH, FL 32174 US

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

VANDEVENDER, MARK A  
880 AIRPORT ROAD  
102  
ORMOND BEACH, FL 32174 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: MARK VANDEVENDER

01/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VANDEVENDER, MARK A  
Address: 301 DIVISION AVE., UNIT A  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VANDEVENDER, MARK A  
Address: 880 AIRPORT ROAD, SUITE 102  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK VANDEVENDER

MGRM

01/05/2007

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