

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012203

Entity Name: VACCIPLUS LLC

FILED
Apr 20, 2004
Secretary of State

Current Principal Place of Business:

1236 FOXFIRE DR.
APOPKA, FL 32712

New Principal Place of Business:

15551 ARUNDEL WAY
SORRENTO, FL 32776

Current Mailing Address:

1236 FOXFIRE DR.
APOPKA, FL 32712

New Mailing Address:

15551 ARUNDEL WAY
SORRENTO, FL 32776

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RITTEN, ANGELA K
1236 FOXFIRE DR.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

RITTEN, ANGELA K
15551 ARUNDEL WAY
SORRENTO, FL 32776 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: ANGELA K. RITTEN

04/20/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition

Name: RITTEN, ANGELA K

Address: 15551 ARUNDEL WAY

City-St-Zip: SORRENTO, FL 32776

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: ANGELA K. RITTEN

MGRM

04/20/2004

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