2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 07, 2005 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State					
DOCUMENT # L03000029835						02-07-2005 90	•			
Entity Name VENDING SOLUTIONS LLC										
VENDING	3 GOLO HONG ELC									
Principal Plac	e of Business	Mailing Address								
530 OCEAN DRIVE		530 OCEAN DRIVE				00000000				
SUITE 405 ' Juno Beach, Fl. 33408		Suite 405 Juno Beach, Fl. 33408			20007909					
	·									
2. Principal Place of Business		3. Mailing Address 2. Colymbus Ave				8 9, 11,50 (1,5), 11 ,111 11 ,11, 11 ,11,1				
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt. 338			0201200	5 Chg-LLC	CR2E083	3 (10/03)		
City & Stat	e	City & State	114		4. FEI Nun	V - V/I	54819		plied For	
Zip	Country	Zip YOFK	Country			APPLICABLE	•	5.00 Add	t Applicable	
		10023	USA_		5. Certifica	ate of Status Desired		e Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
HARRIS, E	Name	Name								
530 OCEAN DRIVE			Street A	ddress (P	.O. Box Nun	nber is Not Acceptable)				
SUITE 405 JUNO BEA				<u> </u>						
			City	FL Zip Code						
The above named entity submits this statement for the purpose of changing its reg										
the obligat	tions of registered agent.	r the purpose of changing its re	gistered onice o	r registere	o agent, or	both, in the State of Floh	ida. Familar	milat with,	ана ассері	
SIGNATURE.	4.65x						>			
21	Signature, typed or printed name of registered agent (and title if applicable. (NOTE: F	Registered Agent signat	ure required v	when reinstating)		DATE			
jurana.co F	iling Fee is \$50.00					Make	check pay	able to		
) D	ue by May 1, 2005						Departmer		9	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/C	HANGES		<u> </u>	
TITLE	MGR	Delete	TITLE	MGK	M	7155111011070		Change	Addition	
NAME	HARRIS, E. FRANKLIN MR.		NAME	Harr	is E.	Franklin Mr.				
STREET ADDRESS CITY-ST-ZIP	530 OCEAN DRIVE, #405 JUNO BEACH, FL 33408	•	STREET ADDRESS CITY-ST-Z#P	2 Co	lumbus	Ave Apt 338	•			
TITLE	3010 BEACH, 1 E 33-00	□ Delete	TITLÉ	New	Yark,	MT /00#3		Change	Addition	
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CITY-ST-ZIP	·		CITY-ST-ZIP							
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NAME - STREET ADDRESS			NAME STREET ADDRESS							
· CITY-ST-ZIP	r et e		CITY-ST-ZIP							
TITLE	P (%)	☐ Delete	TITLE				. [Change	Addition	
NAME			NAME							

11. Thereby 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: __

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME O SIGN NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/1/05 (917)952-94/1