

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90018 044 \*\*\*\*50.00

**DOCUMENT # L03000033872**

1. Entity Name  
VHT, LLC



Principal Place of Business  
455 N. INDIAN ROCKS RD  
SUITE B  
BELLEAIR BLUFFS, FL 33770

Mailing Address  
455 N. INDIAN ROCKS RD  
SUITE B  
BELLEAIR BLUFFS, FL 33770

60036007



2. Principal Place of Business

1180 Ponce De Leon Blvd

Suite, Apt. #, etc.

Suite 201

City & State

Clearwater, FL

Zip

33756

Country

USA

3. Mailing Address

1180 Ponce De Leon Blvd

Suite, Apt. #, etc.

Suite 201

City & State

Clearwater, FL

Zip

33756

Country

USA

04192006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

33-1074968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G JR.  
ARSENAULT LAW GROUP, P.A.  
10225 ULMERTON RD., STE. 2  
LARGO, FL 33771

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
VELTMAN, GREG D  
455 N. INDIAN ROCKS RD. STE B  
BELLEAIR BLUFFS, FL 33770 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Veltman, Greg D.  
1180 Ponce De Leon Blvd, Suite 201  
Clearwater, FL 33756 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Greg D. Veltman* 4/20/06