

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 20 AM 11:13

DOCUMENT # L03000038809			
1. Entity Name VANNWELL INTERNATIONAL ENTERPRISES, LLC			
Principal Place of Business 43392 HIGHWAY 27 DAVENPORT, FL 33897		Mailing Address 43392 HIGHWAY 27 DAVENPORT, FL 33897	
2. Principal Place of Business		3. Mailing Address	
Suite Apt # etc		Suite Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VANNER, MARK 732 BIRKDALE ST DAVENPORT, FL 33897		Name <u>VALERIE VANNER</u> Street Address (P.O. Box Number is Not Acceptable) <u>509 HILLCREST DRIVE</u> <u>HILLCREST</u> City <u>DAVENPORT FL 33897</u> FL Zip Code <u>33897</u>	
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 <u>V. Vanner</u>		DATE <u>07/14/05</u>	
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILLEN, PAUL 43392 HIGHWAY 27 DAVENPORT, FL 33837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANNER, TERRY 732 BIRKDALE ST DAVENPORT, FL 33837 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANNER, VALERIE 732 BIRKDALE ST DAVENPORT, FL 33837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANNER VALERIE 509 HILLCREST DRIVE HILLCREST, DAVENPORT FLA 33897 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAMROSH LESLIE 23 SANDALWOOD DRIVE DAVENPORT, FL 33837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>V. Vanner</u>		Date _____ Daytime Phone # _____	