

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039052

Entity Name: VIGIL USA, LLC

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

1645 LEXINGTON AVE
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

1645 LEXINGTON AVE
DELAND, FL 32724 US

New Mailing Address:

FEI Number: 20-0317579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOTH, WILLIAM R
1645 LEXINGTON AVE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOOTH, WILLIAM R MGRM
Address: 1645 LEXINGTON AVE.
City-St-Zip: DELAND, FL 32724

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOOTH, WILLIAM R MGRM
Address: 1645 LEXINGTON AVE.
City-St-Zip: DELAND, FL 32724 US

Title: MGRM () Change (X) Addition
Name: PROCOS, MARK MGRM
Address: 1645 LEXINGTON AVE
City-St-Zip: DELAND, FL 32724 US

Title: MGRM () Change (X) Addition
Name: AHSMANN, HERMAN O MGRM
Address: 1645 LEXINGTON AVE
City-St-Zip: DELAND, FL 32724 US

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: HERMAN O. AHSMANN

MGRM

04/17/2007

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