

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039233

FILED
Jul 01, 2004
Secretary of State

Entity Name: V & L PRIORITY SERVICE "LLC"

Current Principal Place of Business:

2360 MARYLAND AVE
TITUSVILLE, FL 32796 US

New Principal Place of Business:

Current Mailing Address:

2360 MARYLAND AVE
TITUSVILLE, FL 32796 US

New Mailing Address:

FEI Number: 20-0363190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARKER, VAUGHN L MGR
1212 NW 14TH STREET
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

HARKER, VAUGHN L MGR
2360 MARYLAND AVE
TITUSVILLE, FL 32796 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: VAUGHN L. HARKER

07/01/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HARKER, VAUGHN L
Address: 1212 NW 14TH STREET
City-St-Zip: BOCA RATON, FL 33486 US

Title: MGRM () Delete
Name: HARKER, LINDA A
Address: 1212 NW 14TH STREET
City-St-Zip: BOCA RATON, FL 33486 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HARKER, VAUGHN L
Address: 2360 MARYLAND AVE
City-St-Zip: TITUSVILLE, FL 32796 US

Title: MGRM (X) Change () Addition
Name: HARKER, LINDA A
Address: 2360 MARYLAND AVE
City-St-Zip: TITUSVILLE, FL 32796 US

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: VAUGHN L. HARKER

MGR

07/01/2004

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