

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041578

FILED
Sep 08, 2004
Secretary of State

Entity Name: VERSIONONE, LLC

Current Principal Place of Business:

1200 N. FAIRWAY DRIVE
APOPHA, FL 32712

New Principal Place of Business:

1200 N. FAIRWAY DRIVE
APOPKA, FL 32712

Current Mailing Address:

PO BOX 2106
VIENNA, VA 22183

New Mailing Address:

PO BOX 2272
MERRIFIELD, VA 22116

FEI Number: 16-1694075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEENAN, RACHEL
1200 N. FAIRWAY DRIVE
APOPHA, FL 32712

Name and Address of New Registered Agent:

NEENAN, RACHAEL
1200 N. FAIRWAY DRIVE
APOPKA, FL 32712

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: RACHAEL NEENAN

09/08/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NEENAN, RACHEL
Address: 1200 N. FAIRWAY DRIVE
City-St-Zip: APOPHA, FL 32712

Title: MGRM () Delete
Name: NEENAN, REBEECA
Address: 1200 N. FAIRWAY DRIVE
City-St-Zip: APOPHA, FL 32712

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NEENAN, RACHAEL
Address: 1200 N. FAIRWAY DRIVE
City-St-Zip: APOPKA, FL 32712

Title: MGRM (X) Change () Addition
Name: NEENAN, REBEECA
Address: 1200 N. FAIRWAY DRIVE
City-St-Zip: APOPKA, FL 32712

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: RACHAEL NEENAN

MGRM

09/08/2004

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