## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT #L03000043970** 03-16-2007 90153 020 \*\*\*\*50.00 VO ENTERPRISES I, LLC Principal Place of Business Mailing Address **4729 HIGHLANDS PLACE CIRCLE** P 0 BOX 7891 DUUMZUUU LAKELAND, FL 33813 US LAKELAND, FL 33807 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1427 Hollingsworth Caks D Suite, Apt. #, etc. S Suite, Apt. #, etc. 03092007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Florida Lakeland 20-0421696 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 33<del>%</del> 3 Polk Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Phuong A. Ly LY, PHUONG A Street Address (P.O. Box Number is Not Acceptable) 4729 HIGHLANDS PLACE CIR LAKELAND, FL 33813 1427 Hollingsworth oaks Dr Zip Code 33803 Lakeland 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 mar Mariand totle of applicable. 31910 SIGNATURE STUDIO (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGRM TITLE ' ☐ Delete TITLE NAME VO, PHUC . . NAME VOTPHUL 1427 Hollingsworth ocks Drive. STREET ADDRESS 4729 HIGHLANDS PLACE CIRCLE STREET ADDRESS LAKELAND, FL 33813 CITY-ST-ZIP CITY-ST-7IP Lakeland marm TITLE **MGRM** ☐ Addition ☐ Delete TITLE Change . LY, PHUONG PHYONG NAME 1427 Hollingsworth Oaks Drive 4729 HIGHLANDS PLACE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY - ST - ZIP Lakeland ☐ Delete ☐ Change ☐ Addition TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete Change Addition me STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITI E ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Macm

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 16, 2007 8:00 am