


2004-LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-08-2004 90271 038 ****50.00

DOCUMENT # L03000050036 1. Entity Name VANSWERINGEN, L.L.C.					
Principal Place of Business PMB 361 244 SHOPPING AVENUE SARASOTA FL 34237			Mailing Address PMB 361 244 SHOPPING AVENUE SARASOTA FL 34237		
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	
HANAN, BENJAMIN R 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA FL 34236				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COPELAND, GERRET JR. 244 SHOPPING AVENUE, PMB 361 SARASOTA FL 34237 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Gerret Copeland Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/2/04 9413621197 <small>Date Daytime Phone #</small>		

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MOORE CR2E083 (11/03)

4. FEI Number **20-0448851** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required