

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000001980

Entity Name: V-V VENTURES, LLC

**FILED**  
**Oct 24, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

3901 SE 19TH AVENUE  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

3901 SE 19TH AVENUE  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 27-0080126      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JURSINSKI, KEVIN F  
7800 UNIVERSITY POINTE DRIVE, SUITE 200  
FT. MYERS, FL 33907      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

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

**ADDITIONS/CHANGES:**

Title:                      MGRM              ( ) Change (X) Addition  
Name:                      VAN VLECK, PAMELA K  
Address:                      3901 S.E. 19TH AVENUE  
City-St-Zip:                      CAPE CORAL, FL 33904

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: PAMELA K. VAN VLECK

MGRM

10/24/2004

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