

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90154 016 ***138.75

DOCUMENT # L04000013267 1. Entity Name BUNNELL VEST, LLC			
Principal Place of Business 6111 PEACHTREE DUNWOODY ROAD STE. 8-102 ATLANTA, GA 30328		Mailing Address 6111 PEACHTREE DUNWOODY ROAD STE. 8-102 ATLANTA, GA 30328	
2. Principal Place of Business - No P.O. Box # 6111 Peachtree Dunwoody Road Suite, Apt. #, etc. Suite B-102 City & State Atlanta, GA Zip 30328		3. Mailing Address 6111 Peachtree Dunwoody Road Suite, Apt. #, etc. Suite B-102 City & State Atlanta, GA Zip 30328	
4. FEI Number 20-0723967		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM <input type="checkbox"/> Delete NAME COLLINS, WILLIAM R JR STREET ADDRESS 6111 PEACHTREE DUNWOOD ROAD SUITE B-102 CITY-ST-ZIP ATLANTA, GA 30328	TITLE MGRM <input type="checkbox"/> Delete NAME BULLINGTON, STANLEY R STREET ADDRESS 6111 PEACHTREE DUNWOODY ROAD SUITE B-102 CITY-ST-ZIP ATLANTA, GA 30328	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 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.			
SIGNATURE:		Date 4/16/08 Daytime Phone # 770-391-1993	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			