

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L04000026855

1. Entity Name  
VERNON GAFFNEY LLC



Principal Place of Business  
2065 ISLE ROYALE COURT SE APT. 151  
WINTER HAVEN, FL 33880

Mailing Address  
2065 ISLE ROYALE COURT SE APT. 151  
WINTER HAVEN, FL 33880



02282008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1042657

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GAFFNEY, VERNON  
2065 ISLE ROYALE COURT SE APT. 151  
WINTER HAVEN, FL 33880

**DO NOT WRITE  
IN THIS SPACE**

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

*Vernon Gaffney*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-15-08

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GAFFNEY, VERNON  
2065 ISLE ROYALE COURT SE APT. 151  
WINTER HAVEN, FL 33880

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

0000000906531  
05/05/08-80002-005 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Vernon Gaffney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-15-08

Date

863-293-8624

Daytime Phone #