

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90031 049 ***143.75

DOCUMENT # L04000028116

1. Entity Name
VANRACK TECHNICAL SYSTEMS, LLC



Principal Place of Business
**1926 S.W. 42ND WAY
SUITE C
GAINESVILLE, FL 32607**

Mailing Address
**P.O. BOX 140605
GAINESVILLE, FL 32614-0605**

60037342



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-1017006

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, JOHN G
3463 N.W. 13TH STREET
GAINESVILLE, FL 32609-2172**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RACKLEY, JERRY L
1926 SW 42ND WAY, STE. C
GAINESVILLE, FL 32607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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: **JERRY L. RACKLEY** *[Signature]* **APRIL 25, 2008** **352-335-8651**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

60037342
L04000028116

PLEASE, RETURN TO ME "A CERTIFICATE OF STATUS" AS REQUESTED. THE \$ 5.00 ADDITIONAL FEE IS ENCLOSED.

ALSO, PLEASE MAIL ME A COPY OF THE MOST RECENT DIVISION OF CORPORATIONS STATE MANUAL; FLORIDA STATUTES FOR ALL TYPES OF FLORIDA BUSINESS'S; ANY AND ALL ADDITIONAL DATA/INFORMATION THAT WILL ASSIST ME WITH BUSINESS' IN THE STATE OF FLORIDA, ETC.

I LOOK FORWARD TO RECEIVING REQUESTED DATA/MANUALS IN THE NEAR FUTURE. THANKS, FOR YOUR TIME AND CONTINUED ASSISTANCE. SINCERELY, JERRY CRACKLEY JLW