

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048652

Entity Name: VIRTUAL ASSISTANT, LLC

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

1022 LAND O'LAKES BLVD.  
LUTZ, FL 33549

## New Principal Place of Business:

## Current Mailing Address:

1022 LAND O'LAKES BLVD.  
LUTZ, FL 33549

## New Mailing Address:

FEI Number: 20-1372925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.  
401 E. JACKSONSTREET SUITE 1700  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

HARPER, CYNTHIA G MRS.  
1022 LAND O' LAKES BLVD.  
LUTZ, FL 33549 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: CYNTHIA HARPER

04/26/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DENNIS, ROBERT E  
Address: 1022 LAND O'LAKES BLVD.  
City-St-Zip: LUTZ, FL 33549

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

## ADDITIONS/CHANGES:

Title: PS (X) Change ( ) Addition  
Name: DENNIS, ROBERT E  
Address: 1022 LAND O'LAKES BLVD.  
City-St-Zip: LUTZ, FL 33549

Title: MGR ( ) Change (X) Addition  
Name: STRATTON, CARL  
Address: 1022 LAND O' LAKES BLVD.  
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CYNTHIA HARPER

ACCT

04/26/2007

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