

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056129

Entity Name: VT VENTRUES, LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

6721 THOMASVILLE ROAD, SUITE 104-B
TALLAHASSEE, FL 32312

Current Mailing Address:

6721 THOMASVILLE ROAD, SUITE 104-B
TALLAHASSEE, FL 32312

New Principal Place of Business:

1180 PONCE DE LEON BLVD
SUITE 201
CLEARWATER, FL 33756

New Mailing Address:

1180 PONCE DE LEON BLVD
SUITE 201
CLEARWATER, FL 33756

FEI Number: 20-1430827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARSENAULT, KENNETH G JR.
10225 ULMERTON ROAD
SUITE 2
LARGO, FL 33771 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGR () Delete
Name: VELTMAN, GREG D
Address: 6721 THOMASVILLE ROAD, SUITE 104-B
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR () Delete
Name: THOMAS, JOHN
Address: 6721 THOMASVILLE ROAD, SUITE 104-B
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VELTMAN, GREG D
Address: 1180 PONCE DE LEON BLVD
City-St-Zip: CLEARWATER, FL 33756

Title: MGR (X) Change () Addition
Name: THOMAS, JOHN
Address: 1180 PONCE DE LEON BLVD
City-St-Zip: CLEARWATER, FL 33756

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: GREG VELTMAN

MGR

04/22/2009

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