

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000056397

Entity Name: VTM ONESTOP, LLC

**FILED**  
**Jul 07, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

1605 ROYAL BIRKDALE DR  
OXFORD, MI 48371

**New Principal Place of Business:**

**Current Mailing Address:**

1605 ROYAL BIRKDALE DR  
OXFORD, MI 48371

**New Mailing Address:**

FEI Number: 27-0098686      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COMPLIANCE CONSULTING CORPORATION OF FLORIDA  
DA 521 LAKE AVENUE, SUITE 4  
LAKE WORTH, FL 33460 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PATTEN, DAVID L  
Address: 14852 CRESCENT COVE DRIVE  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PATTEN, DAVID L  
Address: 1605 ROYAL BIRKDALE DRIVE  
City-St-Zip: OXFORD, MI 48371

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID L. PATTEN

PRES

07/07/2005

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