

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90078 018 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L04000062569</b>                          |  |
| 1. Entity Name<br><b>VAN COR EQUIPMENT SERVICES LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>5464 MONTCLAIR PLACE<br/>SARASOTA FL 34231<br/>US</b> | Mailing Address<br><b>5464 MONTCLAIR PLACE<br/>SARASOTA FL 34231<br/>US</b> |
|---|---|



|  |                            |
|--|----------------------------|
| 2. Principal Place of Business<br><b>5464 Montclair Pl</b> | 3. Mailing Address         |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.        |
| City & State<br><b>Sarasota FL</b>                         | City & State               |
| Zip<br><b>34231</b>  | Country<br><b>Sarasota</b> |

2nd MOORE CR2E083 (4/06)

|  |  |  |
|--|--|--|
| 4. FEI Number <b>NO-T APPLICABLE</b>   |  | Applied For  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$5.00</b> Additional Fee Required              |
| 6. Name and Address of Current Registered Agent<br><b>VAN PELT, TERRILL L<br/>5464 MONTCLAIR PLACE<br/>SARASOTA FL 34231</b> |  | 7. Name and Address of New Registered Agent        |
|  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$50.00</b>                        |  |
| <b>Make Check Payable to Florida Department of State</b> |  |
| <b>Due By September 6, 2006</b>                          |  |

| 9. MANAGING MEMBERS / MANAGERS                     |   | 10. ADDITIONS / CHANGES                            |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGR<br/>VAN PELT, TERRILL L<br/>5464 MONTCLAIR PLACE<br/>SARASOTA FL 34231</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #