

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071772

FILED  
Jul 13, 2008  
Secretary of State

Entity Name: DE VAAND ENTERPRISES LLC

**Current Principal Place of Business:**

311-31 RELIANCE COURT  
NEW WESTMINSTER, CN V3M6C6

**New Principal Place of Business:**

**Current Mailing Address:**

311-31 RELIANCE COURT  
NEW WESTMINSTER, CN V3M6C6

**New Mailing Address:**

FEI Number: 98-0454244      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:**

FORM-A-CORP  
4400 PGA BLVD.  
SUITE 900  
PALM BEACH GARDENS, FL 33410 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: KOWALSKI, JERZY  
Address: 311-31 RELIANCE COURT  
City-St-Zip: NEW WESTMINSTER, . V3M 6C6 CN

Title: MGRM ( ) Delete  
Name: KOWALSKI, VANDA  
Address: 311-31 RELIANCE COURT  
City-St-Zip: NEW WESTMINSTER, . V3M 6C6 CN

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JERZY KOWALSKI

MGRM

07/13/2008

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