

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L05000013809

1. Entity Name
RAND VENTURES, LLC



Principal Place of Business

**1447 TANGIER WAY
SARASOTA, FL 34239**

Mailing Address

**1447 TANGIER WAY
SARASOTA, FL 34239**



03152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2347523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEEREVELD, BART
3701 BEE RIDGE RD
SARASOTA, FL 34233**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------|
| TITLE | MGRM |
| NAME | LEEREVELD, BART |
| STREET ADDRESS | 1447 TANGIER WY |
| CITY-ST-ZIP | SARASOTA, FL 34239 |
| TITLE | MGRM |
| NAME | SVIRSKY, STEPHEN B |
| STREET ADDRESS | 5117 OXFORD DR |
| CITY-ST-ZIP | SARASOTA, FL 34232 |
| TITLE | MGRM |
| NAME | WATANABE, KAHORU |
| STREET ADDRESS | 5824 BEE RIDGE RD, PMB 310 |
| CITY-ST-ZIP | SARASOTA, FL 34233 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/16/2007 Bart Leereveld 9412229950