

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) -

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000014833

1. Entity Name

VINCON RESEARCH ENTERPRISES, LLC



Principal Place of Business

Mailing Address

5703 RED BUG LAKE ROAD, PMB-102
WINTER SPRINGS FL 32708

5703 RED BUG LAKE ROAD, PMB-102
WINTER SPRINGS FL 32708



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-2368650

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIULIANO, VINCENZO
5703 RED BUG LAKE ROAD, PMB-102
WINTER SPRINGS FL 32708

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

Vincenzo Giuliano

VINCENZO GIULIANO

2-5-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GIULIANO, VINCENZO
STREET ADDRESS 5703 RED BUG LAKE ROAD, PMB-102
CITY-STATE-ZIP WINTER SPRINGS FL 32708

☐ Change ☐ Addition
U000000626217
02/15/07-80012-009 55.00

TITLE MGR ☐ Delete
NAME GIULIANO, CONCETTA
STREET ADDRESS 5703 RED BUG LAKE ROAD, PMB-102
CITY-STATE-ZIP WINTER SPRINGS FL 32708

☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME GIULIANO, RAFFAELE
STREET ADDRESS 5703 RED BUG LAKE ROAD, PMB-102
CITY-STATE-ZIP WINTER SPRINGS FL 32708

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Vincenzo Giuliano

VINCENZO GIULIANO

2-5-07

4076990202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #