## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000032481

Entity Name: VERTIKAL LLC

FILED Apr 11, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2023 POTOMAC ROAD 1363 BENEVOLENT STREET ATLANTA, GA 30338 MAITLAND, FL 32751 **Current Mailing Address: New Mailing Address:** 2023 POTOMAC ROAD 1363 BENEVOLENT STREET ATLANTA, GA 30338 MAITLAND, FL 32751 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 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: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change ( ) Addition NIX, MICHAEL NIX. MICHAEL Name: Name: 2023 POTOMAC ROAD Address: 1363 BENEVOLENT STREET Address: MAITLAND, FL 32751 City-St-Zip: ATLANTA, GA 30338 City-St-Zip: Title: MGRM Title: (X) Change ( ) Addition ( ) Delete LEE, SUSAN Name: NIX, MICHAEL Name: Address: 2023 POTOMAC ROAD Address: 1363 BENEVOLENT STREET City-St-Zip: ATLANTA, GA 30338 City-St-Zip: MAITLAND, FL 32751 Title: () Delete Title: ( ) Change (X) Addition NIX, MICHAEL Name: Name: 1363 BENEVOLENT STREET Address: Address: City-St-Zip: City-St-Zip: MAITLAND, FL 32751 ( ) Change (X) Addition Title: () Delete Title: Name: Name: LEE. SUSAN 1363 BENEVOLENT STREET Address: Address: City-St-Zip: City-St-Zip: MAITLAND, FL 32751 Title: () Delete Title: ( ) Change (X) Addition LEE, SUSAN Name: Name: 1363 BENEVOLENT STREET Address: Address: MAITLAND, FL 32751 City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition LEE. SUSAN Name: Name: Address: Address: 1363 BENEVOLENT STREET MAITLAND, FL 32751 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN S LEE MGRM 04/11/2006