

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000060281

1. Entity Name  
VANGUARD ENTERPRISES, LLC



Principal Place of Business  
2246 TINDER COURT  
LAND O'LAKES, FL 34639

Mailing Address  
2246 TINDER COURT  
LAND O'LAKES, FL 34639



01152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
72-1602872

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

THERIAULT, DEBRA K  
2246 TINDER COURT  
LAND O'LAKES, FL 34639

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	THERIAULT, DEBRA K
STREET ADDRESS	2246 TINDER COURT
CITY-ST-ZIP	LAND O'LAKES, FL 34639
TITLE	MGRM
NAME	KELLY-WALL, DAWN
STREET ADDRESS	3903 EAGLEFLIGHT LAND
CITY-ST-ZIP	LAND O'LAKES, FL 34639
TITLE	MGRM
NAME	JOHNSON, PAMELA D
STREET ADDRESS	18720 PLANNERS WAY
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000808660  
02/07/08-80058-001 138.75

**DO NOT WRITE  
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

1/20/08

Date

813-299-8408

Daytime Phone #