

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100679

Entity Name: VERGIL COMMERCE, L.L.C.

FILED
Mar 12, 2008
Secretary of State

Current Principal Place of Business:

850 S. TAMiami TRAIL #629
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:
850 S. TAMiami TRAIL #629
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 20-3619260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERGILOV, VLADIMIR
850 S TAMiami TRAIL #629
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: VERGILOV, VLADIMIR
Address: 850 S TAMiami TRAIL #629
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Delete
Name: GEORGIEV, GEORGI V
Address: 850 S TAMiami TRAIL #629
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Delete
Name: GEORGIEVA, YORDANKA
Address: 850 S TAMiami TRAIL #629
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

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

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: VLADIMIR VERGILOV

MGR

03/12/2008

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