

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100679

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

FILED
Apr 03, 2009
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:

GEORGI, GEORGIEV V
850 S TAMIAMI TRAIL #629
SARASOTA, FL 34236 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: GEORGI V GEORGIEV

04/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) 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: GEORGI V GEORGIEV

MGR

04/03/2009

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