

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102395

Entity Name: VANDEL, LLC

FILED  
Feb 12, 2008  
Secretary of State

**Current Principal Place of Business:**

6503 CREFT CIRCLE  
THOMAS VAN DELINDER  
INDIAN TRAIL, NC 28079

**New Principal Place of Business:**

**Current Mailing Address:**

6503 CREFT CIRCLE  
THOMAS VAN DELINDER  
INDIAN TRAIL, NC 28079

**New Mailing Address:**

FEI Number: 42-1704582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VAN DELINDER, THOMAS H  
2413 FIRST AVENUE UNIT  
K-7  
FERNANDINA BEACH, FL 32034 US

**Name and Address of New Registered Agent:**

VAN DELINDER, THOMAS H  
2727 FOREST RIDGE DRIVE  
2727  
FERNANDINA BEACH, FL 32034 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:

02/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VAN DELINDER, THOMAS H  
Address: 6503 CREFT CIRCLE  
City-St-Zip: INDIAN TRAIL, NC 28079

Title: MGR ( ) Delete  
Name: VAN DELINDER, JANE S  
Address: 6503 CREFT CIRCLE  
City-St-Zip: INDIAN TRAIL, NC 28079

**ADDITIONS/CHANGES:**

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: JANE S. VAN DELINDER

MGR

02/12/2008

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