

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000116917**

1. Entity Name  
V.I.F. OF U.S.A. LLC



Principal Place of Business

P.O. BOX 123, 3069 ANDERSON SNOW ROAD  
SPRING HILL, FL 34609

Mailing Address

P.O. BOX 123, 3069 ANDERSON SNOW ROAD  
SPRING HILL, FL 34609



04082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4052278

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

BUNKER, CLEON  
8100 N.W. 47TH LANE  
OCALA, FL 34482

**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 resigning)

DATE

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

U00000890407  
04/22/08-80094-006 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BOULOGNE, LOUIS VIDIAN
STREET ADDRESS	P.O. BOX 123, 3069 ANDERSON SNOW ROAD
CITY- ST- ZIP	SPRING HILL, FL 34609
TITLE	MGRM
NAME	BOULOGNE, INGE ANNA
STREET ADDRESS	P.O. BOX 123, 3069 ANDERSON SNOW ROAD
CITY- ST- ZIP	SPRING HILL, FL 34609
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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

04/07/08 352-442-7602

Date

Daytime Phone #