# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 23, 2008**
**Secretary of State**

DOCUMENT# L05000119491

**Entity Name:** VOCALEYES, LLC

**Current Principal Place of Business:**

11920 FAIRWAY LAKES DRIVE
SUITE 2
FORT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

11920 FAIRWAY LAKES DRIVE
SUITE 2
FORT MYERS, FL 33913

**New Mailing Address:**

**FEI Number: 20-3991173** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

TURCOTTE, SUSAN T
11920 FAIRWAY LAKES DRIVE
SUITE 2
FORT MYERS, FL 33913 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: | PARK, ANDREW K | |
| Address: | 14560 DUKE HWY | |
| City-St-Zip: | ALVA, FL 33920 | |
| Title: | MGR | ( ) Delete |
| Name: | VEACH, ROBERT G | |
| Address: | 28589 RISORSA PLACE | |
| City-St-Zip: | BONITA SPRINGS, FL 34135 | |
| Title: | MGR | ( ) Delete |
| Name: | TURCOTTE, SUSAN T | |
| Address: | 21648 BERWHICH RUN | |
| City-St-Zip: | ESTERO, FL 33928 | |
| Title: | MGR | ( ) Delete |
| Name: | BONILLA, ROY | |
| Address: | 1227 SE 47TH STREET | |
| City-St-Zip: | CAPE CORAL, FL 33904 | |

**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: | |
| 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: SUSAN TURCOTTE MGR 04/23/2008

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