

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90268 047 ***138.75

DOCUMENT # L06000005249

1. Entity Name
VELCO LLC



Principal Place of Business
**3493 BAKER ROAD
MIDDLEBURG, FL 32068**

Mailing Address
**P.O. BOX 312
MIDDLEBURG, FL 32050**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4223737

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REED, RANDALL H CPA
2424 N FEDERAL HIGHWAY
SUITE 200
BOCA RATON, FL 33431**

Name
Vella A. HARPER
Street Address (P.O. Box Number is Not Acceptable)

3493 Baker Road

City
Middleburg

FL

Zip Code
32068

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 **Vella A. Harper, mgr.**
Signature, typed or printed name of registered agent and title if applicable

3/10/2008
DATE

(NOTE: Registered Agent signature required when reappointing)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HARPER, VELLA A
3493 BAKER ROAD
MIDDLEBURG, FL 32068** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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: **Vella A. Harper, mgr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/10/2008
Date

Daytime Phone #