


**FILED**  
**Jun 11, 2007 8:00 am**  
**Secretary of State**

472

04-23-2007 90373 024 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

DOCUMENT # L06000006424			
1. Entity Name VALUE HUNTERS, LLC			
Principal Place of Business 360 HERNANDO AVE. SARASOTA, FL 34243		Mailing Address 360 HERNANDO AVE. SARASOTA, FL 34243	
2. Principal Place of Business - No P.O. Box # 2807 Windsor Hill Dr.		3. Mailing Address Same	
1. Suite, Apt. #, etc.		2. Suite, Apt. #, etc.	
City & State Windermerc Fla		City & State	
4. FEI Number 20-4166-748		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04192007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent 8205 KUTY, DENNIS E 360 HERNANDO AVE. SARASOTA, FL 34243		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 <i>Dennis E. Kuty, manager</i>		DATE 6-3-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER DENNIS E. KUTY 2807 WINDSOR HILL DR WINDERMERC, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 employed to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Dennis E. Kuty</i>		DATE 7/19/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SEWING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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