

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90031 011 ****50.00

DOCUMENT # L06000026309

1. Entity Name

VENTURECORE, LLC



Principal Place of Business

Mailing Address

4044 W. LAKE MARY BLVD.
#104, PMB 418
LAKE MARY FL 32746

4044 W. LAKE MARY BLVD.
#104, PMB 418
LAKE MARY FL 32746



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

7025 CR 46A

3. Mailing Address

7025 CR 46A

Suite, Apt. #, etc.

Suite 1071 # 354

Suite, Apt. #, etc.

Suite 1071 # 354

City & State

Lake Mary, FL

City & State

Lake Mary, FL

Zip

32746

Country

USA

Zip

32746

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-4478871

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

KOLTUN, JEFFREY M ESQ
557 NORTH WYMORE ROAD, SUITE 100
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MELINK, DAVID S
4044 W. LAKE MARY BLVD. #104 PMB 418
LAKE MARY FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
David S. Melnik
3307 Lakeview Oaks Dr.
Longwood, FL 32779 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Dominic Nori
2096 Atalagua Lakes Blvd.
Longwood, FL 32779 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

David S. Melnik

Date

4/13/07

Daytime Phone #

407-616-4053