## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Apr 20, 2007 8:00 am Secretary of State DOCUMENT # L06000045992 1. Entity Name 04-20-2007 90031 012 \*\*\*\*50.00 MELNIK HOLDINGS, LLC Principal Place of Business Mailing Address 4044 W. LAKE MARK BLVD. #104, PMB 418 LAKE MARY FL 32746 4044 W. LAKE MARK BLVD. #104, PMB 418 LAKÉ MARY FL 32746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7025 CR 46A 7025 CR 46A Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) 5te 107 5tc 1071 Applied For City & State 4. FEI Number City & State 20-4810519 Lake Not Applicable Jala Country Country \$5.00 Additional 5. Cortificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEINERS, LOUIS M JR Street Address (P.O. Box Number is Not Acceptable) 3073 HORESHOE DRIVE SOUTH SUITE 210 NAPLES FL 34104 City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES MGRM TITLE ☐ Defete TITLE Change ☐ Addition MGRM VINTURCORE, LLC 7025 CR46A, Ste 1071 #354 NAME VENTURECORE, LLC NAME STREET AUDRESS STREET ADDRESS 3307 LAKEVIEW OAKS DR Lake Mary, FL 32746 COY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32279 Change Change ☐ Addition HILE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 7IP ☐ Delete TITLE Change ■ Addition THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition HILL IIIU NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE Addition Delete TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**