

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90183 010 ***138.75

DOCUMENT # L06000053940

1. Entity Name
OUTSIDE AND MORE LLC



Principal Place of Business
**4044 W. LAKE MARY BLVD.
#104, PMB 418
LAKE MARY, FL 32746**

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

60022287



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-4940315

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Rebecca A. Jones

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

1021 Hobson St.

City

Longwood

FL

Zip Code

32750

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

Rebecca Jones

Signature, typed or printed name of registered agent and state applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-08

**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 **MGRM** ☒ Delete
NAME **VENTURECARE, LLC**
STREET ADDRESS **7025 CR 46A SUITE 1071 #354**
CITY - ST - ZIP **LAKE MARY, FL 32746**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Venturecore Holdings, LLC**
STREET ADDRESS **185 Waymont Ct. Ste 111**
CITY - ST - ZIP **Lake Mary, FL 32746**

TITLE **MGRM** ☒ Delete
NAME **CHIUSANO, MARK**
STREET ADDRESS **3364 FERNLAKE PLACE**
CITY - ST - ZIP **LONGWOOD, FL 32779**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/14/08

Date

407-616-4053

Daytime Phone #