

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000062419

**FILED**  
**May 07, 2010**  
**Secretary of State**

**Entity Name:** VAICON INTERNATIONAL, LLC

**Current Principal Place of Business:**

6402 CAVA ALTA DR  
SUITE 409  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 618482  
ORLANDO, FL 32861

**New Mailing Address:**

**FEI Number:** 20-5404806      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

TADEPALLI, SASI B  
64022 CAVA ALTA DR  
SUITE 409  
ORLANDO, FL 32835 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** TADEPALLI, SASI B  
**Address:** PO BOX 618482  
**City-St-Zip:** ORLANDO, FL 32861

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: SASI B. TADEPALLI

MGRM

05/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date