## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Danel Kutatt

## FILED Aug 20, 2007 8:00 am Secretary of State 07-16-2007 90039 048 \*\*\*\*50.00

1. Entity Nam	ne	# L06000098 IRECT, LLC.	562				07-16-2007	90039 048 ***	***50.00		
Principal Place 4907 BAYSH UNIT 123 TAMPA, FL	iore blvd.	S	Mailing Address 4907 BAYSHORE BLVD. UNIT 123 TAMPA, FL 33611			#	30012446				
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08142007	Chg-LLC	CR2E083 (12	/06)		
City & State			City & State			4. FEI Numbe	16-17748	95	Applied For Not Applicable		
Zip Country		Zip	Country		5. Certificate of Status Desired  \$5.00 Additional Fee Required						
	6. Name	and Address of Current I	Registered Agent		Name	7. Name and	Address of New R				
HAYMAN, STEPHEN D ESQ. 6605 GUNN HWY. TAMPA, FL 33625						eet Address (P.O. Box Number is Not Acceptable)					
TAWI A, 16 33023					City			FL Zip	Code		
The above the obligat SIGNATURE.	ions of regist	/ submits this statement for ered agent.	the purpose of changing its		L ed office or regis  d Agent signature requ			rida. I am familiar			
Fil Due t	ing Fee is by Septen	\$ \$50.00 nber 14, 2007					Florida	check payable Department of	to State		
9.	исви	MANAGING MEMBER		10.			ADDITIONS/	CHANGES	2 2 3 3 3 3 3 3 3 3 3 3		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIVIAT, D 4907 BAY TAMPA, F	SHORE BLVD., UNIT 1	□ Delete					☐ Cha	ange 🗀 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		j			☐ Cha	ange Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Cha	ange Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Cha	ange Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			Cha	ange 🔲 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate			_	-	☐ Cha	inge Addition		
indicated	on this repor	l is true and accurate and t	this filing does not qualify fo hat my signature shall have empowered to execute this	the same	e legal effect as i	f made under oath:	that I am a managi	rther certify that the ing member or ma	information nager of the		

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/16/2007-90039-048-\$50.00-\$50.00

## ATTACHMENT

1. Entity Nam	MEN   # LUBUOUU98 ((VIAT DIRECT, LLC.									
Principal Place 4907 BAYSH UNIT 123 TAMPA, FL 3 2. Principal Pl	ORE BLVD.	Mailing Address 4907 BAYSHORE BLVD. UNIT 123 TAMPA, FL 33611 3. Mailing Address			36012446					
Suite, Apt.	#. elc.	Suite, Apt. #, #to.			07102007	Chg-LLC	CRZE08	3 (12/06)		
City & State	0	City & State			4. FEI Numb	er		تساسسما	polied For x Applicable	
Ζφ	Country	Zio Country			5. Certificate of Status Desired S \$5.00 Additions Fee Required					
	B. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent Name						
6605 GUN			-	Sirent Address (P.O. Box Number is Not Acceptable)					<u> </u>	
TAMPA, FI	L 33025					,				
				City			FL	Zip Code		
	named entity submits this statement for one of registered agent.	the purpose of changing its r	registered	office or register	esi ngeni, of 50	th, in the State of Flo	nda. Iam ia	miliar with,	and accept	
SIGNATURE .	Agnabies, nipod or printed rema of registered agent a	no title il apprincable. PROTE	Registered A	deut sidmanns vedmess	urham ramaca (MG)		DA7E	<del></del>		
filing Fee is \$50.00 Duo by Beptember 14, 2007				-,, -			eheck per Departmen			
9.	MANAGING MEMBE		10.			ADDITIONS				
CULA-21-51A RWYFE WOONE22 CULA-21-51A				ADDRESS 1-2/F				Change	Addition	
CITY-SI-SIP CITY-SI-SIP CITY-SI-SIP		C)ation	TITLE NAME STREET A CITY-ST	ADDRESS 1-Tup			(	Change	☐ Addition	
HTLE HASAE STRIET ADORESS CHY-ST-ZIP		□ Delene	TITLE HAME STREET / CITY-ST	ADURESS 1-7:#				Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST- 24"		☐ Delete	TITLE NAME STREET CUIY-ST	ADDRESS				Change	☐ Addition	
TTILE HALME STREET ADDRESS CITY+SI-ZP		□ Deissq	TUTLE MANNE STREET A CASY-ST	ADOMESS :				Change	Addition	
TITLE HAME STROET HODRESS CITY-ST-ST		Celene .	FIFE NAME STREET CITY-SE	ADONESS F-7IP			[	Chairge:	Addition	
11. Thereby cortly that the information supplied with this filing does not duality for the exemptions contained in Chapter 119. Floride Statutes, I turble confly 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 cath, 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 508, Florida Statutes.										
SIGNATURE TO BELLE TO STATE OF ALL PROPERTY OF										

ORIGINAL