2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# L06000110281

Entity Name: LUCILLE A VANDEVERE LLC

Current Principal Place of Business:

1200 BENNETT RD
FT. PIERCE, FL 34947

New Principal Place of Business:

1301 N LAWNWOOD CIRCLE
FORT PIERCE, FL 34950

Current Mailing Address:

1200 BENNETT RD
FT. PIERCE, FL 34947

New Mailing Address:

P.O. BOX 13300
FORT PIERCE, FL 349793300 US

FEI Number: 20-5892578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VANDEVERE, LUCILLE A
1200 BENNETT RD
FT. PIERCE, FL 34947 US

Name and Address of New Registered Agent:

VANDEVERE, LUCILLE A
1301 N. LAWNWOOD CIRCLE
FORT PIERCE, FL 34950 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: LUCILLE VANDEVERE 04/22/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VANDEVERE, LUCILLE A
Address: 1200 BENNETT RD
City-St-Zip: FT. PIERCE, FL 34947

Title: MGR ( ) Delete
Name: VANDEVERE, DAVID C
Address: 1200 BENNETT RD
City-St-Zip: FORT PIERCE, FL 34947

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VANDEVERE, LUCILLE A
Address: 1200 BENNETT RD
City-St-Zip: FORT PIERCE, FL 34947 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LUCILLE VANDEVERE MGR 04/22/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date