## **2007 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90039 035 \*\*\*\*50.00

DOCUMENT # L06000112483  1. Entity Name VIRTUALONE, LLC							04-30-2007	90039 03	5 ****5	0.00
Principal Plac	ce of Business		Mailing Address			וועט ב	0020-			
100 STEARN AVE.			100 STEARN AVE.							
PLANT CITY, FL 33563		PLANT CITY, FL 33563		-						
					, ·					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192007	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State			4. FEI Number	- - 594 1693	 ົ	<del>   </del>	plied For at Applicable	
Zip	Country		Zip	Country			of Status Desired	\$	5.00 Add	
6. Name and Address of Current			Registered Agent			7. Name and	Address of New R	egistered Aç	gent	
E & L COPP					Name					
F-& L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202				Street Addres	ss (P.O. Box Numb	er is Not Acceptable	)			
JACKSON	WILLE, FL 3	2202								
					City			FL	Zip Code	8
	named entity su tions of registere		the purpose of changing its r	egistere	ed office or regis	stered agent, or bo	h, in the State of Flo	rida. I am fa	miliar with,	and accept
· <u>-</u> -	tions of registere	u agent.								
SIGNATURE .	Signature, typed or p	rinted name of registered agent a	nd title if applicable. (NOTE:	Registere	d Agent <b>signa</b> ture requ	uired when reins(ating)		DATE		
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			1							
	iling Fee is S ue by May 1							check pay Departmen		e e
			RS/MANAGERS	10.				Departme		) 
D	MGR	, 2007  MANAGING MEMBER	RS/MANAGERS	10.			Florida	<b>Departmen</b> CHANGES		Addition
9. TITLE NAME	MGR WISHNATZK	, 2007  MANAGING MEMBER  (I, GARY		TITLE	:		Florida	<b>Departmen</b> CHANGES	nt of State	
9.	MGR WISHNATZK 100 STEARN	MANAGING MEMBER (I, GARY NAVE.		TITLE NAMI STRE			Florida	<b>Departmen</b> CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS	MGR WISHNATZK	MANAGING MEMBER (I, GARY NAVE.		TITLE NAMI STRE	ET ADORESS ST-ZIP		Florida	Department	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR WISHNATZK 100 STEARN PLANT CITY MGR BOLANOS, N	MANAGING MEMBER  (I, GARY NAVE. , FL 33563	☐ Delete	TITLE NAMI STRE CITY- TITLE NAMI	ET ADDRE\$\$ ST-ZIP		Florida	Department	nt of State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	MGR WISHNATZK 100 STEARN PLANT CITY MGR BOLANOS, N 100 STEARN	MANAGING MEMBER  (I, GARY NAVE. , FL 33563  MINOR NAVE.	☐ Delete	TITLE NAMI STRE CITY- TITLE NAMI STRE	ET ADDRESS ST-ZIP ET ADDRESS		Florida	Department	nt of State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISHNATZK 100 STEARN PLANT CITY MGR BOLANOS, N	MANAGING MEMBER  (I, GARY NAVE. , FL 33563  MINOR NAVE.	☐ Delete☐ Delete☐ Delete	TITLE NAMI STRE CITY TITLE NAMI STRE CITY	ET ADDRESS SI-ZIP ET ADDRESS ST-ZIP		Florida	Department CHANGES	Change	Addition
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SIGNATURE: Wish NATZK: 4/20/07

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