

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

6/1/

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

06-01-2007 90095 009 \*\*\*\*55.00

|                                                     |  |
|-----------------------------------------------------|--|
| <b>DOCUMENT # L06000112989</b>                      |  |
| 1. Entity Name<br><b>VERBATIM TRANSLATIONS, LLC</b> |  |



|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br><b>209 PALMETTO LANE<br/>LARGO FL 33770<br/>US</b> | Mailing Address<br><b>209 PALMETTO LANE<br/>LARGO FL 33770<br/>US</b> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

|                                                                           |                                               |
|---------------------------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---------------------------------------------------------------------------|-----------------------------------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------|--|
| 5. Name and Address of Current Registered Agent<br><br><b>VAN SANT, FRANCES J<br/>209 PALMETTO LANE<br/>LARGO FL 33770</b> |  |
|----------------------------------------------------------------------------------------------------------------------------|--|

**30011467**



2nd MOORE CR2E083 (4/07)

|                                                                      |                                                                   |
|----------------------------------------------------------------------|-------------------------------------------------------------------|
| 4. FFI Number<br><del>XXXXXXXXXX</del>                               | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00 Additional Fee Required</b>                             |

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               | Zip Code |

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when re-appointing)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

| 9. MANAGING MEMBERS / MANAGERS                     |                                                                                                    | 10. ADDITIONS / CHANGES                            |                                                                   |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>VAN SANT, FRANCES J<br>209 PALMETTO LANE<br>LARGO FL 33770 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>VAN SANT, FRANCES J<br>209 PALMETTO LANE<br>LARGO FL 33770 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 reported 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 company.

CR2E083 (4/07)

2nd MOORE

*Frances Van Sant*

MODERN III WIND



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ATTACHMENT  
30011467

June 5, 2007

VERBATIM TRANSLATIONS, LLC  
209 PALMETTO LANE  
LARGO, FL 33770 US

Subject: VERBATIM TRANSLATIONS, LLC

Reference Number: L06000112989

*I have blocked out my  
SS# and signed at  
the bottom per  
today's phone call.*

*Joanna Van Sant*

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH  
ANNUAL REPORTS SECTION