

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90019 038 ***138.75

DOCUMENT # L06000119452

1. Entity Name
LIBERTY VP GIBSONTON, LLC



Principal Place of Business
**2200 LUCIEN WAY, SUITE 410
MAITLAND, FL 32751**

Mailing Address
**2200 LUCIEN WAY, SUITE 410
MAITLAND, FL 32751**

60028137



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8063563 20-8063513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIKKELSON, WM. MICHAEL
2200 LUCIEN WAY, SUITE 410
MAITLAND, FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LIBERTY ACQUISITIONS, LLC
2200 LUCIEN WAY SUITE 410
MAITLAND, FL 32751** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Adam Mikkelson
2200 Lucien Way, Ste. 410
Maitland, FL 32751** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PELSKI, BRIAN
2200 LUCIEN WAY SUITE 410
MAITLAND, FL 32751** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
William Johnston
Same as above** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MIKKELSON, MICHAEL WM
2200 LUCIEN WAY SUITE 410
MAITLAND, FL 32751** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 indicated 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Wm Michael Mikkelson* **Wm. Michael Mikkelson** **4/22/08** **407-774-8818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #