

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016001

Entity Name: VYNTURES, LLC

FILED  
Sep 25, 2008  
Secretary of State

**Current Principal Place of Business:**

3270 SUNTREE BLVD  
SUITE 125  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

3270 SUNTREE BLVD  
SUITE 125  
MELBOURNE, FL 32940

**New Mailing Address:**

FEI Number: 30-0447046      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CLEMENTS, CHADLEY W ESQ.  
3270 SUNTREE BLVD  
SUITE 125  
MELBOURNE, FL 32940 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEVEXCO, LLC,  
Address: 1317 BENEVOLENT STREET  
City-St-Zip: MAITLAND, FL 32751

Title: MGRM ( ) Delete  
Name: ECHIEVE, LLC,  
Address: 3270 SUNTREE BLVD., STE. 125  
City-St-Zip: MELBOURNE, FL 32940

**ADDITIONS/CHANGES:**

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

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: CHADLEY W. CLEMENTS

MGMR

09/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date