

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021194

Entity Name: VENDITIO GROUP, LLC

FILED
Feb 05, 2008
Secretary of State

Current Principal Place of Business:

23 SANCHEZ AVE
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

427 SR 207
SUITE 104
ST. AUGUSTINE, FL 32084

Current Mailing Address:

23 SANCHEZ AVE
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-8510672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUSK, JOSHUA A
412 EL REY AVE
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

MONEY, BRIAN E
3645 CRAZY HORSE TRAIL
ST. AUGUSTINE, FL 32086 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: BRIAN MONEY

02/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MONEY, BRIAN E
Address: 3645 CRAZY HORSE TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM () Delete
Name: LUSK, JOSHUA A
Address: 412 EL REY AVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM () Delete
Name: PAVELLE, SUZANNA
Address: 3645 CRAZY HORSE TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

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

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: BRIAN MONEY

MGRM

02/05/2008

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