

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030898

Entity Name: VULTURE TECHNOLOGIES, LLC

FILED  
Jan 04, 2008  
Secretary of State

**Current Principal Place of Business:**

720 ARMITAGE STREET  
APOPKA, FL 32703

**New Principal Place of Business:**

720 ARMITAGE AVE  
APOPKA, FL 32703

**Current Mailing Address:**

720 ARMITAGE STREET  
APOPKA, FL 32703

**New Mailing Address:**

720 ARMITAGE AVE  
APOPKA, FL 32703

FEI Number: 26-0433086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOLTUN, JEFFREY M  
557 NORTH WYMORE ROAD, SUITE 100  
MAITLAND, FL 32751 US

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

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: ANDERSON, BRIAN D  
Address: 720 ARMITAGE STREET  
City-St-Zip: APOPKA, FL 32703

Title: MGRM ( ) Delete  
Name: SNYDER, CHRIS  
Address: 720 ARMITAGE STREET  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANDERSON, BRIAN D  
Address: 720 ARMITAGE AVE  
City-St-Zip: APOPKA, FL 32703

Title: MGRM (X) Change ( ) Addition  
Name: SNYDER, CHRIS  
Address: 720 ARMITAGE AVE  
City-St-Zip: APOPKA, FL 32703

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 D ANDERSON

MGRM

01/04/2008

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