

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90187 038 ***143.75

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05142008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000030963					
1. Entity Name VELCO RELOCATION SERVICES, LLC					
Principal Place of Business 3435 S ORANGE AVE D-130 ORLANDO, FL 32806			Mailing Address 3435 S ORANGE AVE D-130 ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address <u>4425 CROSSROAD CT</u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <u>4425</u>		
City & State			City & State <u>Orlando, FL</u>		
Zip	Country	Zip	Country	4. FEI Number <u>20-8685843</u>	
<u>32811</u>	<u>U.S.</u>	<u>32811</u>	<u>U.S.</u>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PATTERSON, RENFORD L JR 3435 S ORANGE AVE D-130 ORLANDO, FL 32806				Name <u>Patterson, Renford L JR</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<u>4425 CROSSROAD CT</u>	
				City <u>Orlando</u>	FL Zip Code <u>32811</u>
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 <u>Renford Patterson</u>				DATE <u>5/15/08</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PATTERSON, RENFORD L 3435 SOUTH ORANGE AVE D-130 ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRE MCCLENDON, EDDIE J III 4425 CROSSROADS COURT ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <u>Eddie McClendon</u>				Date <u>5-15-08</u> Daytime Phone # <u>407 839-1076</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					