

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068566

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: VILLA4LESS LLC

## Current Principal Place of Business:

126 ROSSO DR.  
LOUGHMAN, FL 33837 US

## New Principal Place of Business:

126 ROSSO DR.  
DAVENPORT, FL 33837 US

## Current Mailing Address:

P.O. BOX 28  
LOUGHMAN, FL 33858

## New Mailing Address:

FEI Number: 83-0486615      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VEILLEUX, TARA  
126 ROSSO DR.  
LOUGHMAN, FL 33837 US

## Name and Address of New Registered Agent:

VEILLEUX, TARA  
126 ROSSO DR.  
DAVENPORT, FL 33837 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: TARA VEILLEUX

04/11/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: VEILLEUX, TARA  
Address: 126 ROSSO DR.  
City-St-Zip: LOUGHMAN, FL 33837 US

Title: MGRM ( ) Delete  
Name: VICENTE, LUIS  
Address: 5136 CAPE HATTERAS DRIVE  
City-St-Zip: CLERMONT, FL 34714 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: VEILLEUX, TARA  
Address: 126 ROSSO DR.  
City-St-Zip: DAVENPORT, FL 33837 US

Title: MGR (X) Change ( ) Addition  
Name: VICENTE, LUIS  
Address: 5136 CAPE HATTERAS DRIVE  
City-St-Zip: CLERMONT, FL 34714 US

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: TARA VEILLEUX

MGRM

04/11/2008

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