## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

Date

Daytime Phone #

DOCUMENT # L07000072631  1. Entity Name VILLA HOLDING, LLC								08 APR	25	AM 10: 46	<u>.</u>	
Principal Place of Business 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786			Mailing Address 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786									
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03312008	Chg-LLC	CR2E	083 (12/06)		
City & State			City & State				4. FEI Numi	per		<u> </u>	pplied For at Applicable	
Zip		Country	Zip Country				5. Certificate of Status Desired Status Desired Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
CODDDIDECT ACENTS INC						Name						
CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301					Street Address (P.O. Box Number is Not Acceptable)							
					City					70.00		
									FI	_ ,		
8. The above the obligati	named entit ions of regis	ty submits this statement for tered agent.	the purpose of changing its	register	ed office o	r registered	d agent, or b	oth, in the State of Flo	rida. I am	n familiar with,	and accept	
SIGNATURE .												
	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOT)	: Registere	d Agent signat	ne tednited w	hen reinstating)		DATE			
FILE After May	NOW!!! 1, 2008	FEE IS \$138.75 Fee will be \$538.75								payable to ment of State	B	
9.		MANAGING MEMBER	S/MANAGERS	10.				ADDITIONS/	CHANGE	s		
TITLE			☐ Delete	TITLI		MBRI	M L. Coult	I Guard LLC		☐ Change	Addition	
NAME				NAM		PAINO	TE CAPITA	l Group, LLC windernere	Road		-	
STREET ADDRESS CITY+ST-ZIP				1	ET ADDRESS -ST-ZIP	Mind	CONTRY	FL 34786				
						<i>(2-)-1, (2-)</i>		76 21.02				
TITLE NAME			☐ Delete	TITU						Change	☐ Addition	
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CITY-ST-ZIP				CITY								
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NAME			Delete	_	E			500125	295	5526	Addition	
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			□ Delete	TITLI NAM STRE	E E		£ 047	500125 23/080102	295 600	525 6 **94		
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STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby c indicated	on this repo	e information supplied with it is true and accurate and to my of the receiver of this stee	☐ Delete ☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLI MAM STRE CITY TITLI NAM STRE CITY	E E E E E E E E E E E E E E E E E E E	ct as if ma	Chapter 118	), Florida Statutes. I fu	orther certification	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition	