## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## Apr 11, 2008 8:00 am Secretary of State **DOCUMENT # L07000083724** 04-11-2008 90182 007 \*\*\*138.75 1. Entity Name HOANG & BRENDA VO L.L.C Mailing Address Principal Place of Business 00066644 7100 PARK BLVD 7100 PARK BLVD PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (12/06) 02202008 Chg-LLC Applied For City & State City & State 4. FEI Number 41-2249130 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TRAN, MINNIE Street Address (P.O. Box Number is Not Acceptable) 6735 PARK BLVD PINELLAS PARK, FL 33781 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State The second second ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change ■ Addition MGR TITLE TITLE Delete VO, HOANG NAME NAME 8221 73RD COURT STREET ADDRESS STREET ADDRESS PINELLAS PARK, FL 33781 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition MGR ☐ Delete TITLE TITLE VO. BRENDA NAME NAME STREET ADDRESS STREET ADORESS 8221 73RD COURT PINELLAS PARK, FL 33781 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 AND TYPEU OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED