

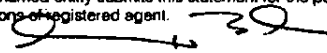
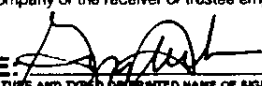
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 23, 2008 8:00 am
Secretary of State

02-01-2008 90045 016 ***138.75

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DOCUMENT # L07000093482 1. Entity Name VAA, LLC					
Principal Place of Business 6700-1 DANIELS PARKWAY FT. MYERS, FL 33912			Mailing Address 6700-1 DANIELS PARKWAY FT. MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 41-2262218					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent GREEN, BRUCE D 1380 ROYAL PALM SQUARE BLVD. FT. MYERS, FL 33919			7. Name and Address of New Registered Agent Name Charles C. Bundschu, III Street Address (P.O. Box Number is Not Acceptable) 6700-1 Daniels Pkwy City Fort Myers FL Zip Code 33912		
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  Charles C. Bundschu, III DATE 3/24/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUNDSCHU, CHARLES C II 6700-1 DANIELS PARKWAY FT. MYERS, FL 33912	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bundschu Kraft, Inc. 6700-1 Daniels Pkwy Ft. Myers, FL 33912	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUNDSCHU, GAYLE P 6700-1 DANIELS PARKWAY FT. MYERS, FL 33912	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ 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:  Gayle Bundschu, S/T of Bundschu Kraft, Inc DATE 3/24/08 DAYTIME PHONE # 231-693-1000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					