2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2008
Secretary of State

DOCUMENT# L07000119524

Entity Name: VARGOSS, LLC

Current Principal Place of Business:

5211 SW 91 TERRACE, SUITE E
GAINESVILLE, FL 32608 US

New Principal Place of Business:

10000 SW 52ND AVENUE
UNIT T123
GAINESVILLE, FL 32608 US

Current Mailing Address:

5211 SW 91 TERRACE, SUITE E
GAINESVILLE, FL 32608 US

New Mailing Address:

10000 SW 52ND AVENUE
UNIT T123
GAINESVILLE, FL 32608 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST
SUITE 500
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

PAM BURNS CPA EA
5211 SW 91ST TERRACE
SUITE B
GAINESVILLE, FL 32608 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: PAM BURNS 08/20/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MOSS, MICHAEL
Address: 7171 SW 4TH ROAD SUITE 110
City-St-Zip: GAINESVILLE, FL 32607 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MOSS, MICHAEL
Address: 10000 SW 52ND AVENUE UNIT T123
City-St-Zip: GAINESVILLE, FL 32608 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: MICHAEL MOSS MR. 08/20/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date