

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L97000001007

1. Entity Name
VELAND L.C.



Principal Place of Business
2106 BISPHAM ROAD, SUITE B
SARASOTA, FL 34231

Mailing Address
2106 BISPHAM ROAD, SUITE B
SARASOTA, FL 34231

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

04152008 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-0807495

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LPS CORPORATE SVCS BLVD
46 NORTH WASHINGTON BOULEVARD, SUITE 1
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

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

TITLE MGRM ☐ Delete
NAME 1071606 ONTARIO INC.
STREET ADDRESS 253 ROBINA ROAD
CITY-ST-ZIP ANCASTER, ONTARIO, CANADA,

TITLE MGRM ☐ Delete
NAME BALSAM L. CORPORATION
STREET ADDRESS 95 ST. CLAIR AVENUE W., #1605
CITY-ST-ZIP TORONTO, ONTARIO, CANADA,

TITLE MGRM ☐ Delete
NAME ENDIANG HOLDINGS, INC
STREET ADDRESS 158 WARRON ROAD
CITY-ST-ZIP TORONTO, ONTARIO, CA

TITLE MGRM ☐ Delete
NAME SANVIN, INC.
STREET ADDRESS 46 NO. WASHINGTON BLVD., #1
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGRM ☐ Delete
NAME K.G.C. LTD.
STREET ADDRESS 8 KING STREET E., #1400
CITY-ST-ZIP TORONTO, ONT., CANADA,

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

R. Bennett

4/29/08

(941) 924 8786