

# 2000 UNIFORM BUSINESS REPORT (UBR)

0005101 AF

DOCUMENT # L99000000750

1. Entity Name

Venda Pin LLC

FILED

00 DEC 21 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4253 Dewey Drive  
New Port Richey FL  
34652

Mailing Address

4253 Dewey Drive  
New Port Richey FL  
34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3558542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

SEE ATTACHED

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.

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE President / Manager ☐ Delete  
NAME Rademacher, Darrell G  
STREET ADDRESS 4253 Dewey Drive  
CITY-ST-ZIP New Port Richey 34652

TITLE 500003556425073 ☐ Change ☐ Addition  
NAME -03/16/01--01091--023  
STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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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 exemption stated in Section 119.07(3)(i), 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)

# ***Vendapin L.L.C.***

4253 Dewey Drive

New Port Richey, Florida 34652

Telephone: (727) 845-3973 Fax: (727) 845-3640

Sales Web Site: <http://www.vendapin.com> E-mail: [marta@vendapin.com](mailto:marta@vendapin.com)

Corporate XCP Inc. Web Site: <http://www.xcp.com/President.html>

Wednesday, December 20, 2000

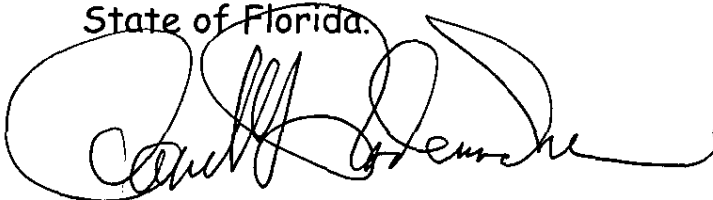
Darrell G Rademacher

4253 Dewey Drive.

New Port Richey, FL 34652

Phone: 727-845-3973 Fax: 727-845-3640

The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida.

A handwritten signature in black ink, appearing to read 'Darrell G Rademacher', written over the printed name below.

Darrell G Rademacher