

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000750

1. Entity Name

VENDAPIN, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

4253 Dewey Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, Fl.

City & State

Zip

34652

Country

USA

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

Larry J. Gonzales

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

Raymond James Tower

2739 U.S. 19 - Suite 223

City

Holaday,

FL

Zip Code 34691

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

5/10/2001

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MANAGING DIRECTOR Darrell G. Rademacher 4253 Dewey Drive New Port Richey, Fl. 34652 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
BUSINESS MANAGER Diane L. Rademacher 4253 Dewey Drive New Port Richey, Fl. 34652 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MANAGING DIRECTOR Darrell G. Rademacher 4253 Dewey Dr. New Port Richey, Fl. 34652 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
BUSINESS MANAGER Diane L. Rademacher 4253 Dewey Dr. New Port Richey, Fl. 34652 ☐ Change ☒ Addition

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

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

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

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

Date

727-841-6630