

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90151 023 ****50.00

DOCUMENT # L99000000750

1. Entity Name

VENDAPIN, L.L.C.



Principal Place of Business

4253 DEWEY DRIVE
NEW PORT RICHEY FL 34652

Mailing Address

4253 DEWEY DRIVE
NEW PORT RICHEY, FL 34652

20006178



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

16381 Cherokee Rd

Suite, Apt. #, etc.

3. Mailing Address

16381 Cherokee Rd

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

4. FEI Number

59-3558542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALES, LARRY J
RAYMOND JAMES TOWER
2739 U.S. 19 - STE. 223
HOLIDAY FL 34691

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 Diane L. Rademacher

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRD ☐ Delete
NAME RADEMACHER, DARRELL G
STREET ADDRESS 4253 DEWEY DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE BMGR ☐ Delete
NAME RADEMACHER, DIANE L
STREET ADDRESS 4253 DEWEY DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRD ☒ Change ☐ Addition
NAME DARRELL G. Rademacher
STREET ADDRESS 16381 Cherokee Rd
CITY-ST-ZIP Brooksville, FL 34601

TITLE BMGR ☒ Change ☐ Addition
NAME Diane L. Rademacher
STREET ADDRESS 16381 Cherokee Rd
CITY-ST-ZIP Brooksville, FL 34601

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

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

TITLE ☐ Change ☐ Addition
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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 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:

Diane L. Rademacher 1/25/05 352-7962693

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

Date

Daytime Phone #