

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000000750

1. Entity Name
VENDAPIN, L.L.C.



Principal Place of Business
16381 CHEROKEE ROAD
BROOKSVILLE, FL 34601 US

Mailing Address
16381 CHEROKEE ROAD
BROOKSVILLE, FL 34601 US



01042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

RADEMACHER, DARRELL G
16381 CHEROKEE RD
BROOKSVILLE, FL 34601

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IN THIS SPACE**

6. 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

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000578642
01/09/07-80037-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRD
NAME	RADEMACHER, DARRELL G
STREET ADDRESS	16381 CHEROKEE ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	BMGR
NAME	RADEMACHER, DIANE L
STREET ADDRESS	16381 CHEROKEE ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Diane L. Rademacher* *1/4/07* *352-*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone 796-26913