

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90433 017 ****50.00

DOCUMENT # M04000002159

1. Entity Name

VKGS LLC



Principal Place of Business

301 LOUETH STREET
ST. CATHARINES, ONTARIO
CANADA L2S 3V6

Mailing Address

301 LOUETH STREET
ST. CATHARINES, ONTARIO
CANADA L2S 3V6

2. Principal Place of Business

3211 Nebraska Avenue

Suite, Apt. #, etc.

3. Mailing Address

3211 Nebraska Avenue

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)



City & State

Council Bluffs, Iowa

City & State

Council Bluffs, Iowa

4. FEI Number

90-0177886

Applied For

Not Applicable

Zip
51501

Country
USA

Zip
51501

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON FL 33331

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 \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME STUART, LEONARD
STREET ADDRESS 301 LOUETH STREET
CITY-ST-ZIP ST. CATHARINES, ONT., CANADA

TITLE MGR ☐ Delete
NAME BAUER, JOHN R
STREET ADDRESS 411 WEST PUTNAM AVE., SUITE 225
CITY-ST-ZIP GREENWICH CT 06830

TITLE MGR ☐ Delete
NAME STUART, TIMOTHY
STREET ADDRESS 3211 NEBRASKA AVE.
CITY-ST-ZIP COUNCIL BLUFFS IA 51501

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Russell Morin

Russell Morin, CFO

3/28/05

712-323-1488

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

Date

Daytime Phone #