

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000001515

1. Entity Name
VND HOLDINGS, LLC



Principal Place of Business
75 EAST MARKET STREET
AKRON, OH 44308

Mailing Address
75 EAST MARKET STREET
AKRON, OH 44308



04262006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1714968

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BMD FLORIDA SERVICE, LLC
76 S. LAURA STREET, SUITE 2110
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VOINOVICH, GEORGE F
STREET ADDRESS	75 E. MARKET STREET
CITY-ST-ZIP	AKRON, OH 44308
TITLE	MGRM
NAME	HOLLINGSWORTH, EDWARD P
STREET ADDRESS	660 PENNSYLVANIA AVENUE SE
CITY-ST-ZIP	WASHINGTON, FL 20003
TITLE	MGRM
NAME	JANNA ENTERPRISES, LLC
STREET ADDRESS	75 E. MARKET STREET
CITY-ST-ZIP	AKRON, OH 44308
TITLE	MGRM
NAME	DMJ, LLC,
STREET ADDRESS	1551 BLVD. SUITE 300
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000537804
05/09/06-80037-007 50.00

**DO NOT WRITE
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: _____

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

Date

Daytime Phone #

George F. Voinovich, Managing Member