

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087462

FILED  
Jun 29, 2005  
Secretary of State

Entity Name: VESOMA LLC

**Current Principal Place of Business:**

160 SE 3RD TERRACE  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

160 SE 3RD TERRACE  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

FEI Number: 71-0975711      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SOMAROO, TANYA  
160 SE 3RD TERRACE  
CAPE CORAL, FL 33990 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VEGA, JESSIE  
Address: 160 SE 3RD TERRACE  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGRM ( ) Delete  
Name: SOMAROO, TANYA  
Address: 160 SE 3RD TERRACE  
City-St-Zip: CAPE CORAL, FL 33990 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TANYA SOMAROO

MS.

06/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date