


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90269 001 \*\*\*100.00

<b>DOCUMENT # L04000001205</b> 1. Entity Name VERO DRIVE, LLC					
Principal Place of Business 3540 FOREST HILL BLVD, STE 203 WEST PALM BEACH, FL 33406			Mailing Address 3540 FOREST HILL BLVD, STE 203 WEST PALM BEACH, FL 33406		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-0558082			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			04192005 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent  ARMOUR, ALAN I II 1645 PALM BEACH LAKES BLVD, STE 1200 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u>George W Heaton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4/20/05</u> Daytime Phone #: <u>561-833-5500</u>		

30004787



04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
20-0558082

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMOUR, ALAN I II  
1645 PALM BEACH LAKES BLVD, STE 1200  
WEST PALM BEACH, FL 33401

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

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10. ADDITIONS/CHANGES

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Managing member  
George W Heaton  
2655 Ocean Dr # 130  
Sugar Island FL 33404

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SIGNATURE: George W Heaton Date: 4/20/05 Daytime Phone #: 561-833-5500  
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