

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000085638

**Entity Name:** CENTRUST VLP HOLDINGS, LLC

**Current Principal Place of Business:**

2030 S. DOUGLAS ROAD  
SUITE 105  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2030 S. DOUGLAS ROAD  
SUITE 105  
CORAL GABLES, FL 33134

**FEI Number:** 20-3390735

**Certificate of Status Desired:** No

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

VELASO, ROLANDO  
2030 S. DOULGAS ROAD  
SUITE 105  
MIAMI, FL 33134 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

**Authorized Person(s) Detail :**

Title MGR  
Name HERIBERTO & AGUEDA VELASCO  
FAMILY LLLP  
Address 2030 S. DOUGLAS ROAD., SUITE 105  
City-State-Zip: CORAL GABLES FL 33134

Title P  
Name VELASCO, ROLANDO  
Address 2030 S. DOUGLAS ROAD., SUITE 105  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name VELASCO, MIRIAM E  
Address 2030 S. DOUGLAS ROAD., SUITE 105  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MIRIAM E VELASCO

VP

04/22/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date