

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000061887

**Entity Name:** VRM NEWPORT, LLC**Current Principal Place of Business:**1215 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33442**Current Mailing Address:**1215 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33442**FEI Number:** 26-0341180**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KILGALLON, PATRICIA  
1215 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33442 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	DIR
Name	CRUZ, MICHAEL
Address	1215 WEST NEWPORT CENTER DRIVE
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	DIR
Name	CRUZ, PAUL
Address	1215 WEST NEWPORT CENTER DRIVE
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	DIR
Name	CRUZ, STEVEN
Address	1215 WEST NEWPORT CENTER DRIVE
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	DIR
Name	KILGALLON, PATRICIA
Address	1215 WEST NEWPORT CENTER DRIVE
City-State-Zip:	DEERFIELD BEACH FL 33442

*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: STEVEN CRUZ****CONTROLLER****04/22/2015**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date