

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000100399

**Entity Name:** VIENNA INVEST LLC

**Current Principal Place of Business:**

11620 BAYSHORE RD.  
NORTH FORT MYERS, FL 33917

**Current Mailing Address:**

11620 BAYSHORE RD.  
NORTH FORT MYERS, FL 33917 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

O'REILLY, SILVIA  
714 PLUMOSA AVE.  
LEHIGH ACRES, FL 33972 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 MGRM  
Name THE RUDOLF NEUBAUER  
REVOCABLE TRUST  
Address KUEBECKGASSE 18/20 - A-1030  
City-State-Zip: VIENNA, AUSTIA

Title MGRM  
Name THE EVA NEUBAUER-LORENZ  
REVOCABLE TRUST  
Address KUEBECKGASSE 18/20 - A-1030  
City-State-Zip: VIENNA, AUSTIA

Title MGRM  
Name FOURNIER, KURT  
Address 11620 BAYSHORE RD  
City-State-Zip: NORTH FORT MYERS FL 33917

Title MGRM  
Name DR ALEXANDER SCHOLLER LIVING  
TRUST  
Address BIBERSTRASSE 10/4/12 - 1-1010  
City-State-Zip: VIENNA, AUSTRIA

*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:** ALEXANDER SCHOELLER

**MANAGER**

**02/20/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date