

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000032551

**Entity Name:** VERI ONE, LLC

**Current Principal Place of Business:**

16001 COLLINS AVENUE  
UNIT 2102  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16001 COLLINS AVENUE  
UNIT 2102  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GONZALEZ, EVARISTO N  
16001 COLLINS AVENUE  
UNIT 2102  
SUNNY ISLES BEACH, FL 33160 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 GONZALEZ, EVARISTO N  
Address 16001 COLLINS AVENUE, #2102  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM  
Name GONZALEZ, VERI MARTHA F  
Address 16001 COLLINS AVENUE, #2102  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM  
Name GONZALEZ, EVARISTO O  
Address 16001 COLLINS AVENUE, #2102  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM  
Name GONZALEZ, ESTANISLAO N  
Address 16001 COLLINS AVENUE, #2102  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGR  
Name RODRIGUEZ, PABLO  
Address 7381 SW 167 STREET  
City-State-Zip: MIAMI FL 33157

*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:** GONZALEZ , EVARISTO N

**MGR**

**04/30/2014**

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

\_\_\_\_\_  
Date