

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000044644

Entity Name: VAP BRICKELL LLC

Current Principal Place of Business:

1470 ROYAL PALM SQUARE BLVD
FORT MYERS, FL 33919

Current Mailing Address:

1470 ROYAL PALM SQUARE BLVD
FORT MYERS, FL 33919 US

FEI Number: 45-1645208

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARDIN, PATTI R
1470 ROYAL PALM SQUARE BLVD
FORT MYERS, FL 33919 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 MANAGING MEMBER
Name VAP SUNSHINE LLC
Address 1470 ROYAL PALM SQUARE BLVD
City-State-Zip: FORT MYERS FL 33919

Title MANAGER
Name SZABARI, ENDRE
Address 22789 SW 92ND PLACE
City-State-Zip: CUTLER BAT FL 33190

Title MANGER
Name MOSER, ANDREAS
Address 9172 COLLINS AVE APT 404
City-State-Zip: SURFSIDE FL 33154

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: VAP SUNSHINE LLC

MANAGING MEMBER

06/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date