

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000116353

Entity Name: V&H VENTURES LLC

Current Principal Place of Business:

30 GARFIELD PLACE
1040
CINCINNATI, OH 45202

Current Mailing Address:

30 GARFIELD PLACE
1040
CINCINNATI, OH 45202 US

FEI Number: 46-3437575

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GETTLER, BENJAMIN R
1020 PONCE DE LEON DR.
FT LAUDERDALE, FL 33316 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 | Title | P |
| Name | GETTLER, BENJAMIN R | Name | HART, GARRICK |
| Address | 1020 PONCE DE LEON DR. | Address | 6278 NORTH FEDERAL HIGHWAY |
| City-State-Zip: | FT LAUDERDALE FL 33316 | City-State-Zip: | FT LAUDERDDALE FL 33308 |
| | | | |
| Title | SVP | Title | VP |
| Name | HART, MICHAEL | Name | GABRIEL, JOHN F |
| Address | 6278 NORTH FEDERAL HIGHWAY | Address | 30 GARFIELD PLACE, 1040 |
| City-State-Zip: | FT LAUDERDALE FL 33308 | City-State-Zip: | CINCINNATI OH 45202 |

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: BENJAMIN R GETTLER

MGR

04/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date