### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000039891

Entity Name: VEROVALE LLC

### Current Principal Place of Business:

12017 VILLANOVA DR #112 ORLANDO, FL 32837

# **Current Mailing Address:**

12017 VILLANOVA DR #112 ORLANDO, FL 32837 UN

### FEI Number: 47-3680936

### Name and Address of Current Registered Agent:

ROCHE, CARLOS E 3956 TOWN CENTER BLVD SUITE # 339 ORLANDO, FL 32837 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

### Authorized Person(s) Detail :

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	DI GRANDE, ANTONIA	Name	PARDO, CARLOS A
Address	URB. VILLA PARAISO CASA # 69	Address	URB. VILLA PARAISO CASA # 69
City-State-Zip:	SAN DIEGO VALENCIA CB 2002	City-State-Zip:	SAN DIEGO VALENCIA CB 2002
Title	MGR		
Name	GPS MANAGEMENT SERVICES LLC		
Address	3956 TOWN CENTER BLVD SUITE # 339		
City-State-Zip:	ORLANDO FL 32837		
	Title Name Address City-State-Zip: Title Name Address	NameDI GRANDE, ANTONIAAddressURB. VILLA PARAISO CASA # 69City-State-Zip:SAN DIEGO VALENCIA CB 2002TitleMGRNameGPS MANAGEMENT SERVICES LLCAddress3956 TOWN CENTER BLVD SUITE # 339	TitleMGRTitleNameDI GRANDE, ANTONIANameAddressURB. VILLA PARAISO CASA # 69AddressCity-State-Zip:SAN DIEGO VALENCIA CB 2002City-State-Zip:TitleMGRCity-State-Zip:NameGPS MANAGEMENT SERVICES LLCLCAddress3956 TOWN CENTER BLVD SUITE # 339San Service Ser

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: CARLOS E ROCHE

REGISTERED AGENT 04

04/27/2017 Date

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No