

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000193660

**Entity Name:** VEIAJAD INVESTMENT LLC**Current Principal Place of Business:**5015 SW 37 AVE  
FT LAUDERDALE, FL 33312**Current Mailing Address:**5015 SW 37 AVE  
FT LAUDERDALE, FL 33312**FEI Number:** 47-5637476**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MIZRAHI, AARON P  
5015 SW 37 AVE  
FT LAUDERDALE, FL 33312 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            | IOJES, RICARDO S       |
| Address         | 5015 SW 37 AVE         |
| City-State-Zip: | FT LAUDERDALE FL 33312 |

|                 |                        |
|-----------------|------------------------|
| Title           | MGR                    |
| Name            | BURDMAN, ALICIA M      |
| Address         | 5015 SW 37 AVE         |
| City-State-Zip: | FT LAUDERDALE FL 33312 |

|                 |                        |
|-----------------|------------------------|
| Title           | MGR                    |
| Name            | MIZRAHI, AARON P       |
| Address         | 5015 SW 37 AVE         |
| City-State-Zip: | FT LAUDERDALE FL 33312 |

|                 |                        |
|-----------------|------------------------|
| Title           | MGR                    |
| Name            | IOJES, ROMINA L        |
| Address         | 5015 SW 37 AVE         |
| City-State-Zip: | FT LAUDERDALE FL 33312 |

*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:** RICARDO IOJES

MGR

04/22/2016

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