

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000001262

Entity Name: VERO, LLC

Current Principal Place of Business:

7047 E GREENWAY PKWY STE 450
SCOTTSDALE, AZ 85254

Current Mailing Address:

7047 E GREENWAY PKWY STE 450
SCOTTSDALE, AZ 85254

FEI Number: 35-2300612

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4 ST N STE 300
ST PETERSBURG, FL 33702 US

FILED
Apr 26, 2023
Secretary of State
0640277508CC

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 MANAGER
Name HILGER, PETE
Address 7047 E GREENWAY PARKWAY, SUITE
 450
City-State-Zip: SCOTTSDALE AZ 85254

Title MANAGER
Name ANNORENO, JOSEPH
Address 7047 E GREENWAY PARKWAY, SUITE
 450
City-State-Zip: SCOTTSDALE AZ 85254

Title MEMBER
Name ALLIED SOLUTIONS, LLC
Address 7047 E GREENWAY PKWY STE 450
City-State-Zip: SCOTTSDALE AZ 85254

Title MEMBER
Name ENSURETY GROUP INC.
Address 7047 E GREENWAY PKWY STE 450
City-State-Zip: SCOTTSDALE AZ 85254

Title MANAGER
Name UNDERDALE, PETE
Address 7047 E GREENWAY PKWY STE 450
City-State-Zip: SCOTTSDALE AZ 85254

Title MANAGER
Name KIRCHER, JEFF
Address 7047 E GREENWAY PKWY STE 450
City-State-Zip: SCOTTSDALE AZ 85254

Title MANAGER
Name MICHAELS, BRANDON
Address 7047 E GREENWAY PKWY STE 450
City-State-Zip: SCOTTSDALE AZ 85254

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: JOSEPH ANNORENO

MANAGER

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date