

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90048 028 ***538.75

DOCUMENT # L00000015527

1. Entity Name
F.F. VERO BEACH, LLC



Principal Place of Business
3000 UNIVERSAL STUDIOS PLAZA
BLDG 17 3RD FLR
ORLANDO, FL 32819

Mailing Address
P.O. BOX 3149
ORLANDO, FL 32802-3149

50010123



2. Principal Place of Business - No P.O. Box #
4609 S. Kirkman Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08282008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
59-3743427

Applied For
Not Applicable

Zip
32811

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! - FEE IS \$538.75
Due by September 12, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
KLING, ROBERT I
3000 UNIV STUDIOS PLZA BLDG 17 3 FLR
ORLANDO, FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert Kling

8/29/08

407-316-8800

Date

Daytime Phone #