

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000000562

1. Entity Name  
VOVA GROUP, LLC



Principal Place of Business  
101 SE 10TH STREET  
FT. LAUDERDALE, FL 33316

Mailing Address  
101 SE 10TH STREET  
FT. LAUDERDALE, FL 33316

**DO NOT WRITE IN THIS SPACE**



01282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-1074548

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

VOVA, CINDY S  
101 SE 10TH STREET  
FORT LAUDERDALE, FL 33316

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VOVA GROUP, LTD 101 SE 10TH STREET FORT LAUDERDALE, FL 33316
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02/18/05-80035-002 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Cindy S. Vova*  
CINDY S. VOVA, President VOVA Group, Inc, MGR 2/16/05 (954) 463-2766