

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90087 006 *****55.00

DOCUMENT # L01000003992

1. Entity Name

V.P. OFFICE HOLDINGS, LLC



Principal Place of Business

1847 TRADE CENTER WAY
NAPLES FL 34109

Mailing Address

1847 TRADE CENTER WAY
NAPLES FL 34109

2. Principal Place of Business

2606 S. HORSESHOE DR.
Suite, Apt. #, etc.

3. Mailing Address

2606 S. HORSESHOE DR.
Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34104

Country

USA

Zip

34104

Country

USA

4. FEI Number

65-1096049

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMALAVAGE, RICHARD L
1847 TRADE CENTER WAY
NAPLES FL 34109

7. Name and Address of New Registered Agent

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME ARMALAVAGE, RICHARD L MGR
STREET ADDRESS 1847 TRADE CENTER WAY
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME F. FRED PEZESHKAN
STREET ADDRESS 2606 S. HORSESHOE DR.
CITY-ST-ZIP NAPLES, FL 34104

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/04

Date

Daytime Phone #