

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000009166 1. Entity Name VICAMM INVESTMENTS LLC	
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Principal Place of Business 6899 SW 50TH STREET DAVIE, FL 33314	Mailing Address 6899 SW 50TH STREET DAVIE, FL 33314
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1131548	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SEXTON, DAVID WILSON JR. 6899 SW 50TH STREET DAVIE, FL 33314	DO NOT WRITE IN THIS SPACE
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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.

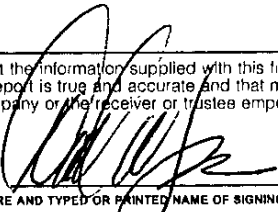
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEXTON, DAVID W JR 6899 SW 50TH STREET DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEXTON, ANTONIA MARIE 6899 SW 50TH STREET DAVIE, FL 33314
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**DO NOT WRITE
IN THIS SPACE**

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:  **DAVID W. SEXTON JR** 1-15-08 954 931 9821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #